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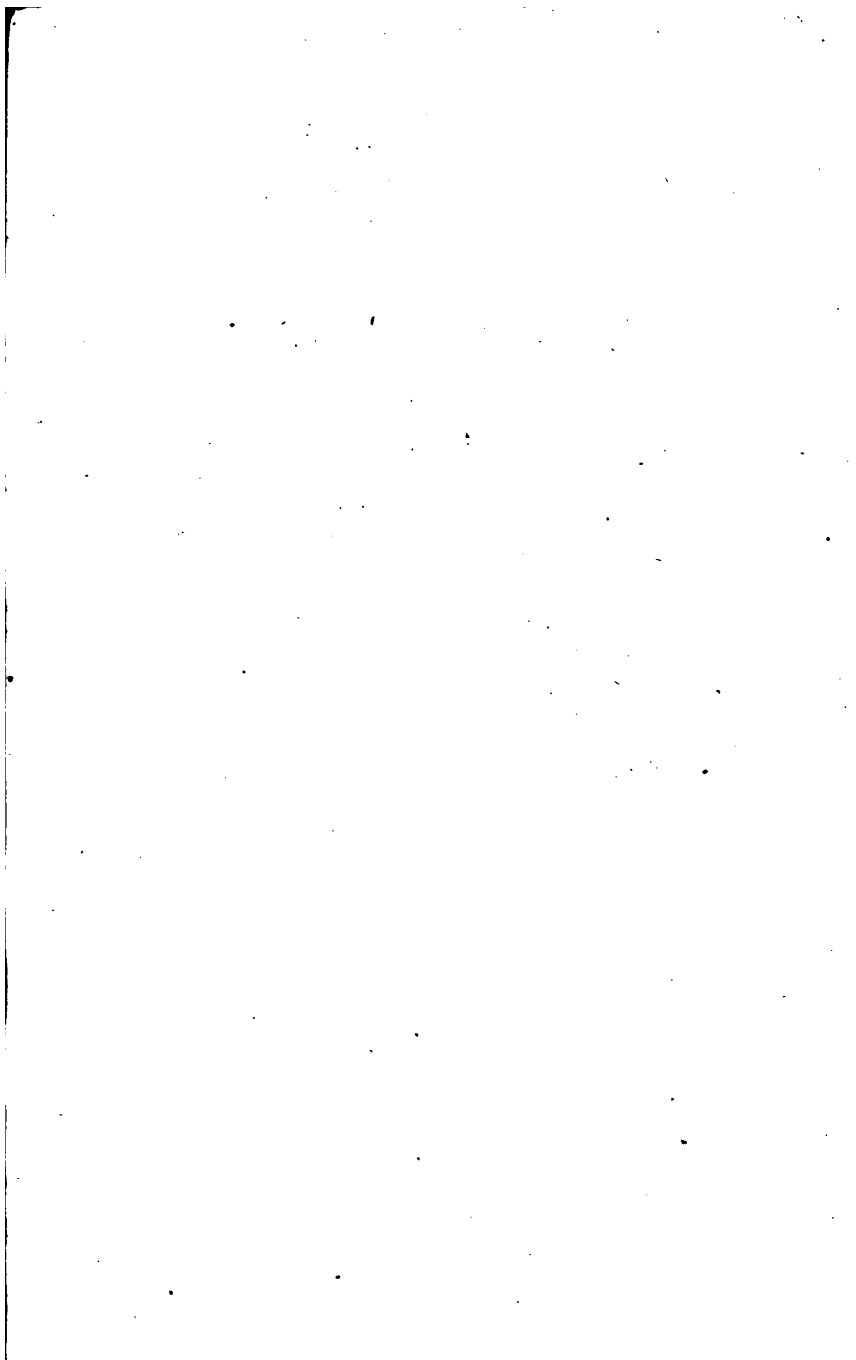
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THE  
DISEASES OF WOMEN

*Homoeopathically Treated.*

“ Multi Medici, qui rerum quæ manifestè conspiciuntur, causas reddere nequentes, eas esse omnino negant.”—GALEN, *De locis affectis*.

“ Multum adhuc restat operis, multumque restabit ; nec ulli nato, post mille secula, præcludetur occasio aliquid adhuc adjiciendi.”—SENECA.

THE  
DISEASES OF WOMEN

HOMŒOPATHICALLY TREATED.

SECOND EDITION,

THOROUGHLY REVISED, AND PARTS RE-WITTEN, EMBODYING THE RESULTS  
OF MORE THAN TWENTY YEARS' EXPERIENCE DERIVED FROM CONSTANT  
PRACTICE AT THE LONDON HOMŒOPATHIC HOSPITAL.

BY  
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OF WOMEN AT THE LONDON HOMŒOPATHIC HOSPITAL.

LONDON:  
E. GOULD & SON,  
32, MOORGATE ST., CITY, E.C., & 20, BISHOP'S ROAD, W.;  
AND ALL HOMŒOPATHIC CHEMISTS AND BOOKSELLERS.

1874.

MP

PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.

X961  
L43  
1874

## PREFACE TO THE SECOND EDITION.

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MORE than twenty years' constant practice at the London Homœopathic Hospital has given me the opportunity of thoroughly revising and amending a great portion of the First Edition of this work; much has been re-written, much compared and added to, partly from more elaborate and substantial works, especially that of Dr. Guernsey, of America, on which too much praise cannot be bestowed, and partly from a long continuance of practice, private and public. I therefore commit it to the press in the earnest hope that it may be useful in disseminating Homœopathy among the public generally, and particularly with that class of patients to whom it more especially refers.

19, DORSET SQUARE, N.W.

*December, 1873.*

## PREFACE TO THE FIRST EDITION.

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WITH extreme diffidence the author has ventured upon the publication of the following work, which embraces a series of diseases of the greatest interest and importance, to which justice could scarcely be done in a much larger volume ; but he was induced to attempt this practical treatise upon the Homœopathic treatment of Pregnancy, Labour, and the Puerperal State, and the various derangements and accidents to which they are liable, in conjunction with the Functional and Organic Diseases of the Womb, because it appeared to him that, as the progress of Homœopathy is undeniably rapid, and its study daily becoming more extended, especially since the establishment of two Hospitals in the Metropolis, and of one in Manchester, a great hiatus would be found to exist in this department of Practical Medicine ; at least, it was an exigency which, some years back, pressed itself upon his own mind, when first studying and testing the novel and startling doctrines of Hahnemann.

This work is intended to answer the twofold purpose of a Manual for the Homœopathic student and Volume of Reference for the experienced practitioner, who would refresh his memory in respect of the remedies which are most in correspondence with the symptomatology of the diseases treated of.

The author, in attempting this difficult task, has felt deeply the necessity of compressing his observations respecting the diseases and their symptoms into as concise a form as possible, in accordance with the scope and intention of the work ; and is therefore sensible of the limited nature of the physiological and pathological observations which accompany it.

On this point, however, he is somewhat relieved by the consideration, that so many excellent Treatises have been written on the diseases to which he refers, the pathological accounts of which leave so little to be desired, and with which all medical practitioners are supposed to be acquainted, that a simple account of what is known of each disease,—its mode of invasion, course, and termination, its consequences and pathological conditions, is all that is necessary to give opportunity for an exposition, in a convenient manual, of the Homœopathic treatment.

The author has also to acknowledge, generally, the use he has made of the labours of others in preparing his work. He has diligently compared his own experience with theirs : and whilst he refers with gratitude and pleasure to the light thrown upon these diseases by the writings of Gooch, Clarke, Churchill, Montgomery, Burns, Simpson, Bennett, Ashwell, and others, he is compelled to avow what experience has proved to him,—namely, that the Homœopathic Treatment has an immense superiority over the severe, local applications, in all the Diseases of the Womb. The next grand improvement in the management of these diseases is undoubtedly that introduced by Dr. Simpson, of Edinburgh, in the treatment of certain kinds of displacement of that organ.



The portions of the work devoted to Pregnancy, and the Diseases of Childhood, are written with the view of being also useful to mothers, who, having been accustomed to Homœopathic treatment, and made sensible of its value, find themselves out of the reach of a practitioner of that school. A detailed exposition of the Symptoms of Pregnancy has been omitted, because it would involve only a physiological analysis, and have no therapeutical bearing.

The Obstetric Art being divided into three parts, viz., Manual, Instrumental, and Medical, has obtained only a partial consideration. The first two divisions are not here touched upon, because they have been so fully and elaborately treated of in the various manuals devoted to that subject; and have been, and continue to be, ably taught from the academical chairs established for that purpose. It has not been thought necessary to recapitulate in this work what has been so perfectly studied and so frequently published, the more especially as it admits of little change, and does not affect the medical treatment.

The author has, therefore, confined himself to the third division, which pertains to the Medical Management, and has included whatever relates to the moral and physical well-being of the pregnant female.

In treating of the Pregnant State, the several conditions of Abortion, Hæmorrhage, Labour, &c., come under consideration, and, as a natural consequence, the Treatment of the Infant. And, seeing that it would be incomplete, if the diseases to which women are most liable during the puerperal state were omitted, Mania, Convulsions, Puerperal Fever, &c., are arranged under that division.

The author has also consulted the works of Hahnemann,

Jahr, Laurie, Bœnninghausen, Hartmann, Croserio, Teste, and others.

In recording the application of the remedies to the several forms of Diseases, he has carefully compared the characteristic symptoms of the remedy with those of the disease, and given the special indications. In some instances, it has been only necessary to refer to the names of the medicines, either because the sympathetic symptoms of the disease are vague and uncertain, or so similar to those attendant upon other diseases of an analogous character, as to render the repetition useless or tiresome.

Again, it not unfrequently happens, that a single symptom affords the clue to the selection of a particular remedy, whose curative effect confirms the propriety of the choice. This usually depends upon an idiosyncrasy in the individual, which has exalted the sympathetic symptom into a commanding influence over the rest. As these examples are not a part of the natural history of the disease, but rather of that of the individual, it is scarcely possible to present so complete a list of the remedies, as should include every peculiarity of this kind. The practitioner must therefore consult Bœnninghausen's 'Manual of Therapeutics,' with Jahr's, in order to select the most appropriate medicine. A list of the remedies most approved, from their relations with the disease, or "*ab usu in morbis*," is also added in many instances which may assist the memory of the more experienced practitioner.

It is presumed that a certain insight into the mode of applying the remedies has been attained by the student of Homœopathy before he can advantageously use this work; all detail on that head, whether as descriptive of the reme-

dies themselves, or of their application, has therefore been omitted.

With these prefatory observations the author commits his work to the public, with the earnest and sincere hope that those members of the profession who are still blinded by prejudice, or whose analytic tone of mind is opposed to the reception of a curative fact, the *modus operandi* of which cannot be palpably demonstrated, and stand aghast at the very threshold of Homœopathy, awed by the simplicity of nature, which is its characteristic, may ere long find the scales fall from their eyes, and be able to see the many blessings which this method of cure is capable of conferring upon humanity.

But he exhorts inquirers, whether of the Homœopathic or Allopathic school, not to neglect the study of the *Materia Medica pura*, and to use this volume, if it should be thought worthy, only as a guide to that admirable compendium of the pathogenetic relations of the remedies.

*June 16th, 1851.*

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## INTRODUCTION.

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HOMŒOPATHY being no longer a novelty, and having survived the contempt which is ever cast upon medical innovations, it may seem undignified, as well as unnecessary, to meet the assailants of that method with the language of defence; because such language on the part of its advocates would imply a weakly or incomplete development of those principles which they believe to be true, and, therefore, worthy of universal acceptance. But it should be remembered that science is a plant of gradual though immortal growth. Homœopathy is now an established branch of medical science, the discovery of which marked an epoch in medical progress, and associated with Hahnemann the glories of a pure and imperishable renown. Like that of almost every other great discovery, its adoption has not been commensurate with its importance,—an unfortunate fact, we admit, but far from discouraging to the Homœopathist, who knows that science, in perfect analogy with the civilisation of which it is the outward and visible sign, must have its infancy before it can arrive at maturity, and pass from the one to the other state by almost imperceptible degrees. That the Homœopathic law was known to the ancients we have conclusive evidence.<sup>1</sup> It was enunciated by Democritus, and recognised by Hippocrates; and therefore, although the genius of Hahnemann elucidated and applied the principle *similia similibus curantur*, and

<sup>1</sup> Homœopathy and the Ancients; 'Brit. Journal of Homœopathy'; No. xxxiii.

proved it to be the expression of a general law in medicine, the principle existed just as much as that of gravitation did before its discovery by Newton. Had the discovery of Homœopathy been shrouded in the mystery of Charlatanism, and imposed upon the world heralded by advertisements obviously intended to delude the ignorant and entrap the unwary, or paraded with pretensions the value of which could not be proved, it might well have provoked the scorn and contempt of the learned, the benevolent and the privileged. Homœopathists appeal not to argument or theory alone, but to that practical observation by which they are anxious and ever have been anxious that their method should be tried. That the all-important principle of Homœopathy should be scouted, rejected *in toto*, and treated with insult by the so-called scientific part of a profession that deems itself liberal and enlightened, is truly lamentable, and may be quoted as an edifying example of those deflections of the human intellect which result from educational bias.

Has Homœopathy any of the characteristics of Charlatanism? Does faith in the principle—*similia similibus curantur*—involve contradiction or absurdity? Is such faith confined to a few minds? Are there no works in which the truths of Homœopathy are made patent to the world, so that he who wills may study and appreciate? Are the *powerful* (!) arguments dealt out against those truths the efforts of enlightened individuals, who have examined the Hahnemannian method of cure, and put it to the test in a fair and legitimate spirit, with sufficient knowledge of the principles involved,—or do they proceed from that wilfully blind class who will not condescend to make themselves acquainted with “the German conceit,” as it has been called, which they think proper to abuse?

The medicine of Hahnemann is the medicine of experience, and the logic of his disciples is the logic of facts:—Homœopathy is no abstraction of the closet—no chimerical hypo-

thesis—no fanciful influence of metaphysical agencies. By inexact writers it is called an *invention* and a *system*;—but it is neither an invention nor a system, but a *discovery* and a *method*. For all practical purposes Hahnemann was the discoverer of that heterodox truth *similia similibus curantur*; to him, also, we are indebted for a method of cure at which the tyro laughs, and the accomplished physician launches his sarcasms, but which experience has shown to be both simple and efficient.

Dishonest men, loud in their deprecation of a science of which they have just enough knowledge to misunderstand it, often commit themselves most egregiously in their statements concerning Homœopathy. Their excessive anxiety to confound the disciples of Hahnemann makes them regardless of such trifling matters as sense and consistency.

For some time past these opponents have seriously set themselves to the task of proving that dangerous *poisons* are used in the globules administered by homœopathsists, in utter obliviousness of their own oft-repeated declaration, that Homœopathic doses are doses of *nothing*. How can they reconcile these two assertions? Would it not be far better to confess their entire ignorance of those principles in opposing which they contradict themselves. Poisons indeed! What are Calomel, Corrosive Sublimate, Arsenic, Digitalis, Prussic Acid, Laudanum &c., which the Allopaths so freely prescribe, and in poisonous doses too?—Are not all the most valuable medicines potent poisons? We know that poisons are most liberally dealt out by the old school of medicine, but we do not know that infinitesimal doses of those poisons when prescribed upon the admirable principle of *similia similibus curantur*, ever did or ever can produce the terrible results ascribed to them by these imaginative defenders of Allopathy.

It is in Homœopathic therapeutics alone that we obtain any positive and accurate knowledge of the capacity of

medicines to affect the different organs of the animal economy, as well as the special structures of which those organs are composed. From the same source we derive experience as to the mode in which medicinal substances influence individual and associated organs. Moreover, we have in Homœopathic therapeutics proofs of the temperaments in which different remedies develop their peculiar action ;—for example, on referring to the pathogenetic properties of *Pulsatilla*, we find that it has been proved to exert its action particularly upon the venous system and the mucous membranes, producing increased excretions,—on the fibrous tissues of the joints and fasciæ,—on the nervous system, disturbing the general sensibility,—on the skin and stomach in their separate or associated functions,—on the brain and nerves, producing wakefulness, fever, delirium, dreams, a form of intermittent fever, also fever of a typhoid character, attended with nervousness, irregular circulation, the peculiar irregularities and perturbations of the nervous system which often accompany pregnancy, affections of the senses, toothache, catarrhal affections of different organs, congestions of the viscera, diarrhœa, disorders of the pelvic organs, especially of the female, and during pregnancy, menstrual difficulties, suppression of the uterine and mammary secretions, hæmoptysis, biliary disorders, nervous debility, and dropsical effusions.

In this Category we possess a mirror of the remedy, positive and unchangeable, which no theory can subvert, no experiments contradict. In this mirror we have reflected the pathological condition, the morbid effects, and the express features of various diseases. Here is a chart which directs us in the track of morbid action so often manifested in the animal economy ; and, if the pathogenesis of *Pulsatilla* be taken up by the student of any disease for which it is the remedy, and he should compare the symptoms developed by both, the least that can happen will be that it



will excite in his mind a feeling of astonishment. If he were told that this correspondence indicates *Pulsatilla* to be the required remedy, he would naturally inquire what proof there is that, because its morbid action is shown uniformly to occupy a certain track in the healthy body, it is the remedy which ought to cure similar effects produced by other causes? What evidence can there be but that of putting it to the test? The possibility of such being a fact first startled the mind of Hahnemann, when he found that Bark, taken in a healthy state of the body, produced the kind of ague for which it was well known to be a cure. He then put this great idea to the test; and having verified it by experience in thousands of cases, and the test being daily repeated in Europe, Asia, Africa, and America, let those who glory in the title of "legitimate" as opposed to philosophical medicine also put it to the trial, and thus complete the link which, to their intelligence, is wanting, in the chain of evidence. But, in so doing, let sound philosophy prevail. If a remedy, such as *Pulsatilla*, is found to produce symptoms so closely resembling a certain disease as to lead to the inference that it might be a curative agent as regards that disease in putting it to the test, would it not be a natural supposition, that, if a dose were given powerful enough to produce any of the ascertained pathogenetic effects, an increase, and not a diminution of the symptoms ought to be expected? and, consequently, would it not be wise to administer a small portion only of such dose, in order *fairly* to test its curative efficacy? Here, then, is the whole theory of Homœopathic infinitesimals, exemplified in practice. And, if this small dose of such specific remedy should be found sufficient to produce a slight reaction in the organism, a curative effect is the result:—just as when a burnt finger is held at a certain distance from the fire the pain and inflammation are sooner removed—though at first rendered more acute—than if it

be plunged into cold water. What can be plainer than this? The action is pathologically and physiologically in harmony with the laws of nature: that is to say, in correspondence with, or having a clear relation to, the existing morbid state.

Disease is often only a derangement of the function of an organ,—an excess, or deficiency of the dynamic vital powers, or, in other words, *of the moving powers of life*.

Functional disease, long continued, induces organic disease, and may be either acute or chronic.

Altered nutrition (a most important *function*), combined with other functional irregularities, may be the cause of the worst form of organic disease; so that we come at last to impairment of the moving powers of life, as the “*fons et origo*” of disease. Where, then, is the *sound physiology* which can sneer at Homœopathy, and apply powerful disease-producing remedies to a *healthy* organ, in one part of the body, in order to cure a disease existing in an organ at a distant part? Is the probably healthy liver to be punished because the kidneys have failed in their function,—or is a muco-gastritis to be engendered in order to get rid of a cutaneous eruption,—or is a Dysentery to be relieved—a feat the performance of which I have witnessed—at the expense of caries of the bones?

Yet this is Allopathy. By a violent revulsive action upon one organ, or set of organs, it attempts the relief of others, forgetting that the end cannot be attained without diminishing the vitality, or deteriorating the tissues of the organ which is attacked by the pseudo-remedy.

Again, an organ under the influence of disease is rendered sensitive and irritable, so that a small, fractional dose will affect it when the remedy is selected in accordance with its proved relation to that organ; while a large and potent dose, whose action is directed to a *distant* organ, will

not affect it. Let us illustrate this. Light is the appropriate stimulus to the eye ; but if that organ be affected with ophthalmia, can it bear the same amount of light as when its healthy condition was unimpaired ? or will not a single pencil of light aggravate the symptoms ?

If the auditory nerve be inflamed, or affected with a morbid sensibility, do not the ordinary wavelets of air, which are the ordinary vehicles of sound, strike upon the ear like the roaring of the sea ?

What would be more absurd than to cause the eye to weep, by the application of a morbid stimulus, because the organ of hearing was affected, or to drum the latter to deafness, because the former was diseased.

If it be said, there is no correlative action between the eye and the ear,—no correspondence of function from which we might infer that the one would be relieved at the expense of the other,—we ask, where is the greater correspondence between the liver and the mucous membrane of the intestines ? or between that organ and an erysipelatous leg ? And yet, under the old system, the unfortunate Liver is made out to be an universal disturber of the peace, in the animal economy, who can only be kept in order by perpetual chastisement with calomel. This would be very amusing if it were not often followed by such direful results ; or, as a great opponent of Homœopathy has said, “ *if safety, life, and health, were not the stakes.*”<sup>1</sup>

Caries of bone is the not unfrequent consequence of dosing delicate scrofulous children with calomel and grey powder, according to the rules of what is termed “legitimate medicine.”

The professional mind has lately run riot in chemical philosophy, under the guidance of some clever but unpractical physicians. Because it is demonstrable that acid

<sup>1</sup> ‘Observations in Medicine,’ by Dr. P. Hall. Vide Preface.



secretions at times superabound *in* the body, and that an acid is neutralised by an alkali *out* of the body, it has been considered a curative indication—in the treatment of diseases in which the former condition prevails—for the administration of alkalies. But the acid secretion is only the effect of a perverted function. The imperfect organic vital action, which allowed of the formation of an excess of acid, is *the* disease which ought to be attacked. The cause, and not the effect, should be dealt with. As well might we attempt to interrupt the current of electricity passing along the wire to the positive side of a galvanic battery, by adding an alkali to the water in which its extremity was immersed, as to cure a dyspepsia by the administration of carbonate of soda. But we have been taunted by one who, though he has done good service in experimental physiology, sometimes writes with greater vehemence than wisdom, on what he is pleased to call the “disguised nothingness of Homœopathy.”

If we object that our *Aconite* has a benign influence over the vascular and nervous systems, such as no bloodletting can have,—and that *Bryonia* can be satisfactorily shown so to reduce the heart’s action as to render acute pleurisy a most tractable disease,—then it is charged upon us, as a heavy crime, that we use poisonous agents under the guise of homœopathy; on the other hand, should we declare that a hitherto unknown and inert substance has been proved to possess a most happy power in certain chronic affections—as, for instance, *Sepia* in diseases of the womb—then it is that we imagine a virtue which does not exist, and delude ourselves and our patients, by descanting upon effects which are attributable to the *vis medicatrix naturæ*. Nevertheless, *we* know these things to be facts, and are content to bear the obloquy. “*Magna est veritas et prevalebit.*”

One of the gravest errors, in the practice of the old school

of medicine, is committed in the exhibition of purgatives in the puerperal state ; yet, strange to say, it is here where they declare the necessity of this *opprobrium therapeuticum* to be the most absolute.

It is unfortunately not uncommon for a woman to be attacked, on the fourth or fifth day after delivery, with inflammation of the bowels, immediately after the exhibition of the *usual* purgative,—whether this be senna and salts or simply castor oil. The patient is bled and purged still more, to overcome the resistance which the inflammatory condition of the muscular coat of the intestines offers to the passage of the alvine contents. The result is too frequently fatal in from twenty-four to forty-eight hours. After death, inflammation and mortification of the coats of the intestine are traced, with, now and then, a collection of feculent matter impacted in the tube, at the seat of the disease. This is held up, with wonderful gravity, as a climax of proof that purgatives are imperative ; but *we* reason differently. The truth is, that feces will occasionally become impacted in some part of the intestinal canal, during pregnancy, in spite of purgatives, in consequence of a loss of tonicity or contractile power in the gut,—induced by pressure of the gravid uterus, or by some other cause. When delivery has taken place, the gut does not necessarily recover its normal condition immediately ; this depends upon the extent of the local paralysis. As nothing is done (allopathically) to remedy this condition by medicine,—partly because it is not recognised, and partly because there are no allopathic means applicable to this purpose,—the condition continues until disturbed by the *absolutely necessary* purgative on the third day. This paralysed portion of the intestine, then, with its impacted scybala, is isolated, and resembles, as far as the action of purgatives is concerned, any inert tube or channel. They pass along it, but fail to excite its contractions, and the scybala therefore remain. But this is not all ; although the

purgative does not always excite the normal contractions of the temporarily paralysed portion of the canal, it does excite, irritate, and inflame that portion in immediate proximity, and the inflammation directly involves the portion whose vitality is already impaired; mortification of this part is the consequence,—all of which is most unjustly laid to the presence of scybala, which had lain there, probably for weeks, without exciting inflammation or even irritation.

It may be asked, how does Homœopathy propose to remedy this? We answer, by a rational and physiological view of the actions of remedies, and of the organs upon which they operate.

Homœopathy shuns remedies administered in doses capable of exciting disease.

Homœopathy manifests the real virtues of medicines, by proving in the healthy individual upon what organs and tissues they are capable of exerting specific action.

Homœopathy selects, in pursuing the curative intention, such remedies as are known to act upon *the* organ or tissue which is under morbid influence, and to develop in *that* symptoms similar to the disease. For example, *Nux vomica* is known to act upon the nerves of sensation and motion, in particular, and to paralyse muscular action, by exhausting the irritability. This is part of its general action. Its particular action, among other developments, operates upon the intestinal canal, in promoting venous congestion, and diminishing peristaltic action.

*Veratrum* is another remedy whose property is to diminish irritability, and to induce a paralytic state of parts of the muscular system. Now, we take these two remedies as illustrative of the point in question. In the puerperal state, the Homœopathist, instead of applying an irritating drug to the sensitive intestine, administers, probably,—if relief from the bowels should not occur naturally,—a dose of *Nux vomica*, one property of which is to act upon the irritability, and,

therefore, the peristaltic action of the intestinal canal. If paralysis, or torpor of an isolated portion has taken place, and impacted fæces exist, it elicits and arouses the normal irritability of the part, which, if not actually extinct, (and we need hardly say that this is never the case at the period to which we refer,) responds to the harmonic touch, and vibrates into life and action at once. A large dose would augment the paralysis, but the infinitesimal just excites reaction; gradual propulsion of these *fomites morbi* is the result and the peristaltic action is restored, without the dangerous consequences, which almost inevitably result from the use of purgatives. Again, if from deranged nervous influence, or congestive torpor, the rectum is at any time so paralysed that it allows of an enormous dilatation from accumulated fæces, which purgative medicine cannot expel, the Homœopathist administers *Veratrum*, whose pathogenetic property is to paralyse the muscular tissue, generally or locally; and the infinitesimal dose soon elicits the responsive action, because it operates upon the nervous filaments of the muscular tissue of the part, and makes them vibrate with harmonious action, arousing the irritability of the same fibrils, whereas, in a large quantity, it would have extinguished it.

Thus it is that Homœopathy, by being able to trace the exact course of the operation of a remedy, throughout the several organs and tissues of the body, is capable of applying it upon the precise spot, organ, or tissue, whose morbid condition requires its influence.

If the remedy were given in a large dose, it would not only morbidly affect a more extensive sphere, but would aggravate the part already excited by disease; but, when administered in a minute dose,—and the exact quantity required can only be determined by experience,—it silently elicits, in the precise organ or tissue, a medicinal reaction, which takes the place of that which is morbid, and soon leads to health.

In describing the diseases of the Uterus and its associated organs, for the purpose of drawing attention to the more successful and less severe treatment by Homœopathic remedies, it is presumed, that the practitioner is acquainted with the diagnostic signs, offered by their anatomical relations, as well as their pathological character, in order that he may detect the presence of the several forms of ulceration, and distinguish carefully between a malignant and a non-malignant growth.

It might, at first, be supposed unimportant to the practitioner of Homœopathy, whose choice of remedies is guided solely by the symptoms manifested externally, whether there existed any special form of dyscrasia in the constitution of his patient, to which the symptoms were referable, but it is not so. On the contrary, it is equally important to the Homœopath as to the Allopath :—for I am not aware that the latter has ever professed to have discovered a power that will eradicate the cancerous diathesis ; and we know that the course of the most malignant diseases is greatly mitigated, and that life is prolonged by the Homœopathic treatment.

The prognosis of a case, then, will be greatly assisted by a correct pathological observation, and not seldom will the choice of a remedy be influenced by it ; for, as in the case of ulcer in other parts, the application of our remedies is guided in some measure by the objective symptoms,—or the kind of ulcer :—whether it be deep and excavated, clear or foul on the surface, surrounded by active, healthy inflammation, or by that of a phagedenic and destructive character, with the appearance of a low degree of vitality ; whether the discharge from it is serous, ichorous, sanious, or purulent ; whether it is of an offensive odour or not ; if the granulations are florid and vigorous, or redundant and expanded ; if the latter are irritable and painful, or torpid and without sensation ; if they bleed on contact, or not :—so is it with the organic diseases which affect the womb ; observation is



absolutely necessary to identify their character; and a knowledge of pathology to guide and correct our observation cannot be dispensed with, more particularly as, in these diseases, the subjective or sympathetic symptoms afford us so little assistance in discriminating the different structural lesions.

The same *modus probandi* is also attainable; the same *argument holds good with respect to internal diseases*, whose actual pathological state has been verified by dissection, and so compared with the corresponding symptoms. But, as regards the host of ailments and diseases which occur in every variety of form and in every combination of diversified temperament, no such accuracy can result from pathological inquiry or hypothesis. How often has it not happened that a certain train of symptoms has been manifested, bearing all the marks of an inflammatory condition, which has been proved to be purely the result of excessive nervous irritation? How proved? By the effects of the remedies administered empirically;—proved, too, in this way, by the most sagacious of our profession. Had these cases been treated in strict reference to the symptoms,—in their relation with the *supposed* pathological condition of the internal organs,—bleeding, blistering and poly-pharmacy would have been in accordance with the legitimate practice, and, perhaps, death the legitimate conclusion; but by deviating from the course of exclusive pathological diagnosis, a more fortunate result has been obtained. No one, I apprehend, would be bold enough to argue, that such was a pure example of true pathological induction. If so, I would ask, where are the delineations of morbid anatomy on which such pathological theories of nervous irritation are founded?

A more careful analysis of symptoms developing themselves in the nervous, vascular, and lymphatic systems, as well as in the muscular, fibrous, and cellular tissues:—or, a more perfect combination of causes and effects, as exemplified

in the objective and subjective symptoms, can scarcely be found than that which Hahnemann and his followers have given to the world ; and, in studying them, we find, not only the expression of diseases uniform in their general characteristics and effects, but likewise their diversified character, as manifested in various constitutions and temperaments.

It is this which brings Homœopathy so much nearer to perfection in the healing art than anything which is to be found in Allopathy, and enables it to defy the regimental routine which distinguishes the latter mode of treatment. Amongst the writers on diseases of the uterus there are two who seem to attribute the origin of those general symptoms, and the delicacy of health from which females suffer so much and so long, and which are not connected either with ulceration or malignant disease, to different causes. Dr. Simpson has discovered the frequency of displacement of the organ, in the unimpregnated state, and the relief, by reposition, of those distressing symptoms which so often paralyse the energies of women, and render their lives miserable.

Dr. Bennett has traced the same functional and sympathetic derangements to inflammation of the os and cervix, and directs the cure by local depletion and cauterization.

It appears to me that these morbid conditions are, generally, combined in the inverse order to that indicated by Dr. Bennett ; but it is a question which, with great candour, he has described “as very difficult to unravel ;” and, in the face of his learning and experience, I would hesitate to advance a contrary opinion, but for that of Dr. Simpson, whose experience must be equally great. The frequent occurrence of inflammation of the os and cervix, in unmarried women, is not so easily accounted for, unless it be a result of general uterine congestion, or chronic metritis, with subsequent displacement. Congestive hypertrophy of the whole or part of the body of the uterus which has been thus produced is

aggravated by the venous engorgement which takes place at every monthly period; and these patients, therefore, usually complain of feeling worse just before, and better just after the catamenial flow; and by repeated distension of the venous capillaries above, chronic inflammation is set up and perpetuated in the os and cervix, which are the most dependent parts, and such inflammation is materially aggravated, if not induced by displacements of the organ.

So that, in the first place, we may have hypertrophy or engorgement of the whole or part of the *body* of the uterus; in the second, dislocation, such as anti- or retro-version; and, in the third, chronic congestion or inflammation of the *os and cervix*.

The Homœopathic treatment of these diseases may, nevertheless be as lightly thought of as was the more humane method of tying the arteries with delicate ligatures after surgical operations, in the time of Ambrose Paré.<sup>1</sup> Up to the close of the sixteenth century there were no means of arresting the bleeding, consequent upon the division of the blood-vessels, in amputations of the limbs, &c., but by the immediate application of the actual cautery (*red hot iron*). This great improvement (the ligature) which added so much to the safety of the patient, and so greatly diminished his sufferings, was new and an innovation upon the established practice, and was, therefore, regarded as an insult to the intellect of those eminent men who had hitherto been satisfied with the knowledge which they possessed. The College of Physicians of Paris attacked Paré as a subverter of the "legitimate" practice, and attempted, by the authority of the French Parliament, to suppress the publication and dissemination of his observations; and it was a century before this new method—which is now the custom of the day—was allowed to be taught in the schools of medicine and surgery. Such

<sup>1</sup> Vide 'Cooper's Dict. of Pract. Surgery,' art. "Amputation."



is the fate of medical and surgical, as well as of other great discoveries. We cannot, therefore, expect better things for Homœopathy, even in this enlightened age. For my own part, then, I would rather possess the truth with the few than be in error with the multitude.

## TABLE OF MEDICINES.

<i>Names.</i>	<i>Abbreviations.</i>	<i>English Names.</i>
Acidum Muriaticum	Ac. Mur.	Muriatic Acid
Acidum Nitricum	Ac. Nit.	Nitric Acid
Acidum Phosphoricum	Ac. Phos.	Phosphoric Acid
Acidum Sulphuricum	Ac. Sulph.	Sulphuric Acid
Aconitum Napellus	Acon.	Monkshood
Agaricus Muscarius	Agar.	Fly Agaric
Agnus Castus	Agn. C.	Chaste Tree
Alettris Farinosa	Alet. Far.	Star Grass
Aloë	Aloë	Aloes.
Alumina	Alum.	Alumina
Ambra Grisea	Amb. G.	Ambergris
Ammonium Carbonicum	Amm. Carb.	Carbonate of Ammonia
Ammonium Muriaticum	Amm. Mur.	Muriate of Ammonia
Anacardium Orientale	Anac.	Marking Nut
Angustura Vera	Angust.	True Angustura
Antimonium Crudum	Ant. Crud.	Crude Antimony
Antimonium Tartaricum	Ant. Tart.	Tartar Emetic
Apocynum Cannabinum	Apoc. Can.	Dogsbane
Argentum Nitricum	Arg. Nit.	Lunar Caustic
Arnica Montana	Arn.	Leopard's Bane
Arsenicum Album	Ars.	Arsenic
Asafoetida	Asaf.	Asafoetida
Aurum Foliatum	Aur. Fol.	Gold
Baryta Carbonica	Bar. C.	Carbonate of Baryta
Belladonna	Bell.	Deadly Nightshade
Borax	Bor.	Borax
Bovista	Bov.	Puff Ball
Bryonia Alba	Bry.	White Bryony
Calcarea Carbonica	Calc.	Carbonate of Lime
Camphora	Camph.	Camphor
Cannabis Sativa	Can. S.	Hemp
Cantharis Vesicatoria	Canth.	Spanish Fly
Capsicum Annuum	Caps.	Cayenne Pepper
Carbo Animalis	Carb. A.	Animal Charcoal
Carbo Vegetabilis	Carb. V.	Vegetable Charcoal
Causticum	Caust.	
Caulophyllum Thalyctroides	Caul.	Blue Cohosh
Chamomilla Matricaria	Cham.	Wild Matricary
Chelidonium Majus	Chel.	Great Celandine

<i>Names.</i>	<i>Abbreviations.</i>	<i>English Names.</i>
China Officialis	Chin.	Cinchona
Cicuta Virosa	Cicut.	Water Hemlock
Cimicifuga Racemosa	Cim. Rac.	Black Snake Root
Cinnamomum	Cinnam.	Cinnamon
Cina	Cina	Wormseed
Clematis Erecta	Clem.	Upright Virgin's-bower
Cocculus Indicus	Cocc.	Cocculus Indicus
Coffea Cruda	Coff.	Raw Coffee
Colocynthis	Coloc.	Bitter Cucumber
Collinsonia Canadensis	Collin.	Horse Balm
Conium Maculatum	Con.	Hemlock
Crocus Sativus	Croc.	Saffron
Cuprum Metallicum	Cupr.	Copper
Cypripedium Pubescens	Cypr. P.	Lady's Slipper
Digitalis Purpurea	Dig.	Foxglove
Drosera Rotundifolia	Dros.	Round-leaved Sundew
Dulcamara	Dulc.	Bittersweet
Euphrasia Officialis	Euphr.	Eyebright
Ferrum Metallicum	Fer. Met.	Iron [mine
Gelsemium Sempervirens	Gelsem.	American Yellow Jas-
Granatum (Punica)	Gran.	Pomegranate
Graphites	Graph.	Plumbago
Gratiola Officialis	Grat. Off.	Hedge Hyssop
Guaiacum	Guaiac.	Guaiac
Hamamelis Virginica	Ham. V.	Witch Hazel
Hedeoma Pulegioides	Hedeo. P.	American Pennyroyal
Helleborus Niger	Helleb.	Christmas Rose
Helonias Dioica	Helon. D.	False Unicorn
Herpetin	Herp.	
Hepar Sulphuris	Hep. S.	Liver of Sulphur
Hydrastis Canadensis	Hyd. C.	Golden Seal
Hyosciamus Niger	Hyos.	Henbane
Ignatia Amara	Ignat.	St. Ignatius' Bean
Iodium	Iod.	Iodine
Ipecacuanha	Ipec.	Ipecacuan
Kali Carbonicum	Kali C.	Salt of Tartar
Kreasotum	Kreas.	Creasote
Lachesis	Lach.	Lance-headed Viper Poison
Laurocerasus	Lauro.	Cherry Laurel
Ledum Palustre	Led.	Marsh Tea
Lobelia Inflata	Lob. Inf.	Indian Tobacco
Lycopodium Clavatum	Lycop.	Common Club-moss
Magnesia Muristica	Mag. M.	Muriate of Magnesia
Manganum Aceticum	Mang.	Acetate of Manganese
Mercurius Corrosivus	Merc. Corr.	Corrosive Sublimate
Mercurius Solubilis	Merc. S.	Hahnemann's Soluble Mercury

<i>Names.</i>	<i>Abbreviations</i>	<i>English Names.</i>
Mercurius Vivus	Merc. V.	Quicksilver
Mezereum	Mez.	Mezereon
Millefolium	Millef.	Yarrow
Moschus	Mosch.	Musk
Murex Purpurea	Mur. Purp.	
Natrum Carbonicum	Nat. C.	Carbonate of Soda
Natrum Chlorinatum	Natr. Chlor.	Chlorinated Soda
Natrum Muriaticum	Natr. M.	Common Salt
Nitrum	Nit.	Nitre
Nux Moschata	Nux M.	Nutmeg
Nux Vomica	Nux V.	Vomit Nut
Opium	Opi.	Opium
Petroleum	Petr.	Mineral Naphtha
Phosphorus	Phos.	Phosphorus
Platina	Plat.	Platinum
Plumbum Carbonicum	Plumb. Carb.	White Lead
Plumbum Metallicum	Plumb. Met.	Metallic Lead
Podophyllin	Podoph.	Resin of Podophyllum
Podophyllum Peltatum	Pod. Pelt.	Duck's Foot
Psorin	Psor.	
Pulsatilla Nigricans	Puls.	Windflower
Ranunculus Bulbosus	Ran. B.	Bulbous Buttercup
Ratanhia	Rat.	Rhatany
Rheum Palmatum	Rheum.	Rhubarb
Rhus Toxicodendron	Rhus.	Poison Oak
Ruta Graveolens	Ruta.	Rue
Sabina	Sab.	Savine
Sambucus Nigra	Samb.	Elder
Sassafras	Sassaf.	Sassafras Root
Scilla Maritima	Scill.	Maritime Squill
Secale Cornutum	Secal.	Ergot of Rye
Senecio Aureus	Senec.	Life Root
Senega	Seneg.	Snake Root
Sepia	Sep.	Inky juice of the Cuttlefish
Silicea	Sil.	Pure Flint
Sodæ Chlor., <i>vide</i> Natrum Chlorinatum		
Spongia Tosta	Spong.	Roasted Sponge
Stannum	Stan.	Tin
Staphysagria	Staph.	Stavesacre
Stramonium	Stram.	Thorn Apple
Strontiana Carbonica	Stront.	Carbonate of Strontian
Sulphur	Sulph.	Sulphur
Tartar Emet., <i>vide</i> Antimonium Tart.		
Teucrium-Marum Verum	Teucr.	Wall Germander
Terebinthina	Tereb.	Turpentine

<i>Names.</i>	<i>Abbreviations.</i>	<i>English Names.</i>
Thuja Occidentalis	Thuja.	Tree of Life
Thlapsi Bursa Pastoris	Thlaps.	Shepherd's Purse
Valeriana Officinalis	Valer.	Valerian
Veratrum Album	Verat.	White Hellebore
Veratrum Viride	Verat. V.	Green Hellebore
Vinca Minor	Vinc.	Lesser Periwinkle
Viola Odorata	Viol. Od.	Sweet Violet
Viola Tricolor	Viol. Tr.	Pansy
Zincum Metallicum	Zinc.	Zinc.

The *attenuation* or *strength* of the medicines above named in general use, is the third of the vegetable and the fifth of the mineral preparations, but in cases in which the author has found certain attenuations particularly curative, the number is specially marked.

# HOMŒOPATHY

AS APPLIED TO THE

## DISEASES PECULIAR TO WOMEN.

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### PRELIMINARY OBSERVATIONS.

DISEASES of the Womb are divided into Functional and Organic. The former comprise those which are connected with disorders of Menstruation, as well as of the pregnant and parturient states. The latter include all diseases which are associated with change of structure, whether of a simple or malignant character. The function of menstruation is generally more or less disturbed during the progress of organic disease; but this does not always happen, for although a natural correspondence exists between regularity of function and the healthy condition of the organ, very serious disease sometimes becomes developed, and increases without any material alteration in the performance of that function.

The same holds good with respect to another of the proper functions of the uterus, namely, Pregnancy. It may proceed uninterruptedly to the full term, in spite of an amount of organic disease which is sufficient to destroy life, and which may prove fatal, as soon as delivery is accomplished.

Inflammation of the substance of the uterus, of its os or

cervix, may likewise coexist with tolerable perfection of functional action, so that although organic disease and menstrual irregularity in some measure depend one upon the other, their separate existence is sufficiently obvious to distinguish them in connection with uterine pathology.

In accordance with this natural division, I shall notice, in separate parts, the subjects to which I have limited myself in this volume.

Part I.—will include the functions of Menstruation, with those deviations from its normal condition, which are incompatible with health.

Part II.—Pregnancy, and the Parturient State, with the morbid affections to which they are liable.

Part III.—The Puerperal State, or that immediately succeeding delivery, with the diseases incident thereto.

Part IV.—The Management of the Infant.

Part V.—Organic Diseases of the Uterus and Ovaries.

In this way the Homœopathic Treatment of the most important diseases peculiar to women will be brought under review, together with the management of Pregnancy, Labour, and the Infant; and it will be my endeavour to render a correct image of the diseases incident to those conditions, with as much conciseness as possible, in order that the symptoms may be compared with the therapeutic indications afforded by the remedies.

According to the calculations of Dr. Lever, the functional diseases of the uterus occur in the proportion of 65·2 per cent.; the organic in that of 34·7 per cent.:—or rather more than one half as many of the one as of the other. But the power of control which medicine possesses over the former is so much greater than over the latter, that the interest pertaining to any medical inquiry necessarily preponderates in favour of organic disease.

## PART I.

## DISEASES OF THE WOMB, Etc.

## MENSTRUATION.

THE function which occupies a peculiar and important place in the female economy, and is marked by a periodical monthly discharge of sanguineous fluid from the vagina, is termed *menstruation*, and the secretion itself *catamenia*, or *menses*.

This fluid is eliminated from the uterine vessels, and is generally considered to be a secretion; but its mode of appearance is more like an exudation upon the surface of the lining membrane of the uterus, since an injection, sent into the arteries of the uterus, also, readily transudes through the lining membrane. Its first appearance is indicative of the attainment of puberty, when womanhood is established and the female is capable of conception; whereas, its disappearance marks the conclusion of this faculty. At first the discharge is pale-red; but after a few returns of the monthly period, it assumes a darker and more sanguinolent character.

The effects of the establishment of menstruation upon the general system are very characteristic. The mind, as well as the body, acquires a rapid development. The perceptions are sharpened, the tastes chastened, the pursuits more elevated; the manners are more reserved; at the same time, the form assumes a plumpness and proportion, which give



elegance and grace to the general figure, and the nascent feelings of womanhood make the carriage more erect.

When the discharge appears at *the ordinary periods*, in the *usual quantity*, and of a *proper quality*, a female is said to be "*regular*."

The ordinary period for its recurrence is once in twenty-eight days, and its duration occupies from three to eight days, the average being about five days. Many women, however, menstruate about every three weeks, others every five.

The quantity of discharge varies with the constitution of the individual, and with the climate; but in temperate regions, from four to eight ounces is about the usual loss during each period, although some women habitually lose double this quantity. It is at its height ordinarily on the third day; after which it gradually declines, changing colour towards the last.

The character or quality of the fluid differs in many respects from blood. In the first place it does not coagulate, and is not separable into two portions, as fibrin and serum, when left to stand, for it contains no fibrin: it has a peculiar, faint odour, *sui generis*: it does not readily decompose, is thin and of a dark-red, venous colour.

In some women menstruation is always attended with more or less pain, and sympathetic disturbance; coagula also appear in the discharge; and, if in great excess, the red particles of the blood, and blood itself may pass as in menorrhagia.

The age at which the function commences in temperate climates is between twelve and fifteen years. In hot climates it begins much earlier; as a general rule, the sooner the discharge commences, the earlier it ceases.

The period of decline is, in this country, commonly between forty and fifty: this is called "the turn or change of life," and is preceded by irregularity and occasional interruption.

The symptoms which precede and accompany the first menstruation are manifested in a trifling, almost unobserved, derangement of system, in some cases, whilst in others they are more distinctly pronounced. A certain degree of languor and lassitude, apathy and indifference, fatigue after exertion, variable spirits, a dark circle around the eyes, colics and affections of the stomach and bowels, pain about the back and pelvis, and some hysterical symptoms are observed; or it may be ushered in by febrile excitement, with headache and flushings of the face.

When the flow takes place, the symptoms are relieved; but the girl still complains of weakness, and is pale. Should there be a want of vigour in the system generally, or in the uterine nerves in particular, several efforts of this kind may be made by the system without the appearance of the menses, or with a white discharge only. This, however, may be remedied by a little care, and by nourishing diet. Without this care, the white discharge may become an established disease, constituting leucorrhœa. Regularity in the return of each catamenial period would seem to be more important than the quantity or quality.

It is arrested during pregnancy and lactation, as a general rule, although sometimes women are found to menstruate during the greater portion of the period of pregnancy and whilst suckling; but the milk is always deteriorated, and does not nourish the child so perfectly.

During the existence of menstruation, the system of the female is more irritable than at other times, so that all exposure to sudden or irregular checks or transpiration should be avoided, as well as every kind of mental or corporeal agitation, otherwise the process may be impeded, and hysterical or other troublesome affections excited.

It has been observed by Dr. Butler Lane, that irritation of the bowels, producing diarrhœa, is with the great majority of women a concomitant of menstruation, whilst, in a few

cases, constipation attends its periodical establishment and, in a fewer still, there is no variation from their usual condition. He argues from this a correspondence of action between the uterus and liver, a physiological hepato-uterine relation, by which the functions of the two organs often become subservient one to the other,—or, in other words, diminution of the normal secretion in the one is often dependent upon excess of it in the other. With this brief review of the function of menstruation, we will pass on to the consideration of the derangements to which it is subject.

### THE DISORDERS OF MENSTRUATION.

The derangements of the function of menstruation have been divided into three classes; viz., amenorrhœa, dysmenorrhœa, and menorrhagia.

1. Amenorrhœa, or an absence of the menstrual flow, is also usually divided into *emansio mensium*, the retention, or where the secretion has never taken place; and *suppressio mensium*, the suppression, where the secretion has appeared, but has been checked or obstructed by external or internal morbid influences.

The former of these must not be confounded with a mere delay of the menses, as the difference of age at which the change may occur, the greater or less development of the body, and the state of health in other respects, will indicate the fact of protracted or impeded function.

*The retention of the menses* may depend upon malformation of the sexual organs, a deficiency of the ovaria, imperfect development of the uterus itself, or a special want of energy in the uterus or ovaries. On the other hand, the uterus may be originally endowed with a normal amount of vital power, which may be exhausted in consequence of an impairment of the general assimilating and nutritive functions, and the

debility occasioned thereby, which may equally retard the appearance of the catamenia. Retention of the menses beyond the period indicated naturally in the individual, by the development of the other parts of the system, is attended by two classes of symptoms.

First, the *Entonic* form, is distinguished by an active state of the nervous and circulatory organs, with determination of blood to the head, causing headache and giddiness, drowsiness, flushing of the face, a full pulse, palpitation, weight in the loins, constipation, and occurs usually in robust girls. This is readily relieved by

*Aconitum*

Two drops mixed in a wineglassful of water. A teaspoonful to be given every three or four hours. Should the symptoms be only partially relieved,

*Belladonna*

may be used in the same way. If, after the employment of these means, there should continue a confined state of the bowels, with stitches in the sides of the chest, irritability of temper, and occasional vertigo,

*Bryonia*

should be given in like manner.

*Nux v.*, *Op.*, *Plat.*, *Puls.*, *Cham.*, *Con.*, *Cocc.*, *Magn. m.*, *Lyc.*, *Phos.*, *Sab.*, *Sep.*, *Sulph.*, *Ver.*, will also assist in removing the obstruction.

The hygienic rules will consist of the use of the warm hip or foot bath, active exercise in the open air, when the acute symptoms are removed, a light and unstimulating diet, abstaining from wine, beer, and meat, until the excitement is subdued; clothing the body in a manner suitable to the season; taking special care to avoid exposure to wet, or

getting the feet damp, and a general adherence to the homœopathic regimen.

Secondly, the *Atonic* form, in which the failure of the uterine organs in their attempts to establish the periodical function, instead of producing that powerful reaction in the organism which has just been described, results in a torpor of these organs (which are exhausted for a time of their vital energy) in which remote organs slowly but extensively sympathise.

In the early stage of this form of amenorrhœa, when the sexual development of the system generally is complete, and yet medical aid is required, some of the following remedies will afford the greatest assistance.

*Puls.*, *Caut.*, *Calc.*, *Graph.*, *Ars.*, *Chin.*, *Con.*, *Nux v.*, *Cupr.*, *Natr. m.*, *Kali c.*, *Lach.*, *Iod.*, *Sep.*, *Sulph.* It is well to begin the treatment with a few doses of *Sulphur*.

The symptoms which are gradually evolved, under these circumstances, more frequently occur in fair and delicate girls, with lymphatic temperaments, and become merged in those of chlorosis.

*Suppressio mensium* may be sudden; the effect of getting the feet wet during the catamenial flow, or of some mental or moral shock, or of the invasion of an acute disease; in which cases it usually assumes an acute form, and is followed by more or less febrile action in the system; headache, thirst, a hot skin, and quick pulse prevail; various local inflammations or congestions may result, as of the brain, lungs, intestinal canal, or the uterus itself. Attacks of hysteria, simulating inflammation, may occur; neuralgia, or mania; also derangements of the organs of sense, as amblyopia, or of the voice, as aphonia, &c.

*Treatment.*—In the first place it is well to administer a remedy antidotal to the exciting cause, and afterwards some other adapted to the condition of the symptoms.

The remedies chiefly indicated under the circumstances



related above are :—first, as to the cause, *Dulc.*, *Nux Mosc.*, *Puls.*, *Cham.*, *Ign.*, *Coff.*, *Lyc.*, *Acon.*, *Bry.*, *Hyos.*, *Opi.*, *Coloc.*, &c.

*Dulc.*—if the suppression should have been the result of getting the feet wet.

*N. mosc.* or *Puls.*—if from a chill.

*Acon.* or *Lyc.*, should any sudden fright, or emotion, be the cause.

*Bry.*, *Cham.* or *Coloc.*—if preceded by a fit of passion.

*Coff.* or *Op.*—if by excessive joy.

*Ign.*, *Hyoscy.*, *Phos. ac.*, *Helleb.*—if caused by disappointed love.

*Acon.*, *Bell.*, *Col.*, *Ignat.*, *Platina*, *Puls.*, *Staph.*—if from mental mortification, or contradiction.

Secondly, the treatment of the relative and combined derangements, which emanate from or are associated with the suppression of the catamenia, must, after the attention has been directed to the exciting cause, be effected by remedies applicable to the peculiar states which may be found to exist; bearing in mind that the arrest of the uterine function is the most important indication in the choice of the remedy.

When the attack is ushered in by febrile symptoms, *Aconitum* should be given, followed, if necessary, by *Belladonna*, which will relieve the symptoms appertaining to local inflammation. The same remedies will be applicable, if symptoms of mental alienation exhibit themselves, with the help also of *Puls.*, *Sep.*, *Con.*, *Lyc.*, *Magn. m.*, *Sil.*, *Natr. m.*

Inflammatory or Congestive Affections of the Brain, must have their symptoms compared with those of *Acon.*, *Bry.*, *Bell.*, *Calc.*, *Cupr.*, *Ferr.*, *Op.* :—

Of the Chest,—*Acon.*, *Bry.*, *Bell.*, *Iod.*, *Kal. c.*, *Puls.*, *Merc.*, *Phos.* :—

Of the Stomach and Intestinal Canal,—*Ars.*, *Bry.*, *Calc.*, *Chin.*, *Ferr.*, *Lyc.*, *Merc.*, *Puls.*, *Sulph.* :—

Of the Uterus or Ovaries,—*Acon.*, *Bry.*, *Bell.*, *Cham.*, *Canth.*, *Lach.*, *Merc.*, *Nat. m.*, *Nux v.*, *Puls.*, *Sep.*

Should the consequence of the sudden suppression be reflected in the nervous system more particularly, and produce hysterical symptoms or severe neuralgic pains, it is of the greatest importance to distinguish accurately between that form of local disturbance of the ganglionic system and inflammation, which often requires the nicest discrimination, although in Homœopathy there is not such danger to be apprehended from the treatment which may depend on this or that diagnosis, as there would be under the old system of medicine; nevertheless, the prognosis will be materially affected by it. I have witnessed under allopathic treatment, the most dangerous results from bleeding and leeching patients, under these circumstances; and this is one of the instances in which our system pre-eminently surpasses the old; a circumstance which becomes more especially apparent when we consider that the chain of morbid actions we are now alluding to, is developed usually in the most delicate and susceptible individuals.

*Ign.*, *Cocc.*, *Coff.*, *Calc.*, *Caust.*, *Chin.*, *Con.*, *Cupr.*, *Graph.*, *Lyc.*, *Natr. m.*, *Nux m.*, *Op.*, *Puls.*, *Sep.*, *Sul.*, *Ver.*, are the principal remedies which must be carefully compared with the symptoms, and will generally be found successful in the various disturbances in the nervous system under this form of disease.

Sudden suppression of the menses may also terminate in chlorosis, when the treatment detailed under that head will be appropriate. Chronic suppression of the menses may exist as the sequel of an acute attack; or may arise from the gradual impairment of the health, from organic disease, or congestion of the uterus, ovaries, etc.; or it may occur as the termination of the function. It is also liable to be associated with epilepsy, mental derangements, chorea, dropsy, &c. When it is dependent on simple congestion

of the vessels of the uterus, and its associated organs, the cure is more readily effected, than when it results from a marked debility of those organs. When it occurs in young women of an irritable and delicate fibre, various functional and sympathetic disturbances spring up, all of which have to be taken into consideration in selecting the remedies with a view to a restoration of the secretion, and it is in these cases more especially that a prolonged antipsoric treatment is imperative.

The ordinary relief of chronic suppression of the menses, is to be attempted by some of the following remedies, chosen in accordance with the general moral and physical condition of the patient, as manifested in the symptoms.

In plethoric individuals :—*Acon.*, *Bell.*, *Bry.*, *Nux v.*, *Op.*, *Plat.*, *Sab.*, *Sul.*

In irritable, debilitated, or cachectic individuals :—*Amm. m.*, *Ars.*, *Chin.*, *Cocc.*, *Con.*, *Cupr. m.*, *Graph.*, *Ignat.*, *Iod.*, *Lyc.*, *Natr. m.*, *Puls.*, *Sep.*, *Sul.*, *Sil.*, *Val.*

When the menses are feeble, but not entirely suppressed :—*Caust.*, *Calc.*, *Con.*, *Graph.*, *Kali.*, *Lyc.*, *Magn.*, *Natr. m.*, *Phos.*, *Puls.*, *Sil.*, *Sul.*, *Ver.*, *Zinc.*

In the more complicated forms alluded to above, reference must be made to some of the following :—

*Acon.*, *Ars.*, *Bry.*, *Calc.*, *Caust.*, *Chin.*, *Cocc.*, *Con.*, *Cup.*, *Dig.*, *Ferr.*, *Graph.*, *Hyos.*, *Iod.*, *Kali. c.*, *Lyc.*, *Merc.*, *Mez.*, *Natr. m.*, *Nitr. ac.*, *Nux m.*, *Op.*, *Puls.*, *Sab.*, *Sep.*, *Sil.*, *Sul.*, *Ver.*, *Val.*, *Zinc.*

If the symptoms of suppression occur in conjunction with a scanty supply of the menses only, the following are the most useful :—*Graph.*, *Con.*, *Kali. c.*, *Natr. m.*, *Phos.*, *Puls.*, *Sul.*, *Lyc.*, *Magn.*, *Sili.*, *Ver.*, or *Zinc.*

*Cocculus*,—if violent abdominal spasms happen at the time when the menses should make their appearance, especially if attended with pressure on the chest, oppression of breathing, anxiety, moaning, excessive weakness, inability to speak



loud, relaxed state of the muscles of the extremities, tottering gait, convulsive movements, weak pulse.

*Cuprum metal.* or *acet.*—The *Metallicum* is generally considered the best. It is analogous to the former remedy, and is applicable where there are spasms in the abdomen, of a severe character, extending to the chest; or if there be loathing, retching, vomiting, cramp, and contractions of the extremities, epileptic spasms, &c.

*Causticum* is useful where hysterical spasms prevail, with pinching pain in the sacrum and spasms in the abdomen, with yellowish earthy complexion.

*Pulsatilla*,—when spasms occur in consequence of delay of the menstrual discharge.

*Cicuta*, *Terebinthina*, *Zincum*,—if, together with suppression of the menses, there be swelling of the breasts.

*Calcarea Carb.*,—when there is great general fulness along with the suppression.

*Graphites*,—if there be roughness of the voice, cephalalgia, œdema of the feet, chilliness, heavy, contractive pains in the small of the back.

*Natrum mur.*,—if there be a scanty flow at protracted intervals, with sadness.

*Strontiana* is said to be useful when the menses are delayed and the discharge is first serous and afterwards lumpy.

I need scarcely say, that all local applications, such as stimulating injections, leeches to the parts, &c., are highly injurious or useless, for the disorder can only be remedied by general and constitutional means.

Vicarious menstruation is that abnormal condition of the system when, in connection with a scanty flow or entire suppression of the menses, there is a periodical appearance of blood or bloody serum at other outlets. It is recorded to have taken place from the nostrils, eyes, ears, gums, lungs, stomach, anus, bladder, nipples, the end of the fingers and toes, from different joints, from the axillæ, from the stump

of an amputated limb, from ulcers, from varicose tumours, and from the surface of the skin generally.

The most extended portions of the mucous membrane are, however, most frequently the seat of the discharge. It appears to be sometimes blood, at other times it has the character of the catamenial fluid, being dark-coloured, thin, and not coagulable. The repetition of this discharge may appear at the regular period, or it may intermit; and it does not appear that any serious result follows, even when delicate organs are the seat of it. Sooner or later the uterus resumes its functions, and the attack ceases.

I have under my care a young lady who is subject to the oozing of spots of blood from the upper surface of all the toes a few days prior to each return of the catamenia, which are always very scanty.

Also a young woman, married, but who has never been pregnant, in whom there is great irregularity in the return of the period, which varies from three to five weeks, who finds at first serum, and then blood, ooze out of the right nipple during the interval: this I witnessed myself, and cured it by means of *Lycopodium*. Another patient, who has had hæmoptysis for a year or two, with suppression of the catamenia, had, previous to the occurrence of the spitting of blood, an oozing of that fluid from the scalp, just above the forehead; this was repeated two or three times, and so alarmed the friends of the patient that they ran off with her to a medical practitioner at the time when the blood was trickling down her forehead. In most of these cases *Ferrum* is the Homœopathic remedy.

There sometimes occurs, in the place of the menstrual discharge, a vicarious leucorrhœa, which is periodical and coexistent with a menstrual effort; it consists of a flow of colourless, transparent mucus, and occurs, usually, in delicate, susceptible girls, or in women who have become weak and exhausted from hæmorrhages, or long nursing.

It does not affect the health, and is therefore only to be considered as an imperfect action of the organs, to be remedied by generous and plain diet, change of air, and medicines which tend to restore healthy sanguification. *Calc.*, *Ferrum*, and *China* are the principal, to which may be added *Borax*, *Magn.*, *Graphites*, and *Phosphorus*.

### CHLOROSIS, OR GREEN-SICKNESS.

Chlorosis is a disease intimately connected with a state of anæmia, or want of blood, and is characterised by a dull complexion, the skin having a dingy, dirty-white, or greenish hue, whence the name of green-sickness, and by an universal and decided debility of the whole frame, with a torpor of particular organs.

There is not only general weakness of the muscular system, but weariness and languor of body, with listlessness of mind, and childish caprice: dull headache, dulness of the eyes, puffiness of the eyelids, flaccid state of the skin, which is wanting in warmth, as in colour, prevail. The patients are very sensitive to a low temperature, chills, and crave for warmth; the extremities are cold, the lips and tongue partake of the same exsanguine character, and are pale and blanched, the latter is often covered with a thick, tenacious mucus. The pulse is small and weak; often, but not always, quick: it is easily fluttered, and palpitation readily induced; the veins appear half empty and of a pale rose colour; the respiration is oppressed; there is a sort of half sighing, general *malaise*, difficulty of breathing, not from obstruction, but from nervous exhaustion and throbbing of the carotids. Along with the palpitation of the heart there is arterial murmur, or *bruit-de-soufflet*, characteristic symptoms of the disease which are the last to disappear, and which reappear on the least impairment of health afterwards.

The appetite is diminished, the patient loathes food, or is sick after eating, or much troubled with flatulence and gastrodynia. Often there is a desire for indigestible substances, particularly chalk, magnesia, or even cinders. The bowels are costive, and often not relieved for several days in succession, or if they are, the stools are dark and offensive. The catamenia, if not already suppressed, will soon cease to flow; the abdomen is generally tumid, but very variable in size. The hands and feet frequently swell at night, and the eyelids, if not the whole face, are puffy in the morning. The urine is scanty, but usually clear. Whilst the strength and the flesh fail, other symptoms may be added; such as acute pains, headache, with throbbing and a sense of fulness, intolerance of light and sound; paroxysms of dyspnoea and hysteria also occur, and sometimes a cough ending in consumption; or the patient may be affected with a general dropsy. It is satisfactory, however, to know, that many of these fearfully foreboding symptoms, dependent rather upon sympathetic irritation than upon actual organic disease, are capable of being removed, and are amenable to homœopathic treatment.

Chlorosis, then, may precede or accompany the establishment of the menstrual function, or it may occur at any time during its progress, in connexion with a suppression, a diminution, or even an *excess* of the secretion itself, or of some vicarious discharge which may have taken its place.

If the disease make its appearance before the age of pubescence, menstruation does not become established at the proper time. If, however, the menses had already appeared before the disease set in, they then become irregular as regards time, duration, and quantity: sometimes a mere appearance of the discharge takes place, either alone, or in the form of coloured mucus, lasting for a day, or a day and a half; and occurring at intervals of four, five, or six weeks. At other times, a vicarious leucorrhœa takes the

place of the ordinary discharge, showing a local effort which augments the general debility.

The predisposing causes of chlorosis are to be found amongst all classes of society, either in the vitiating habits or social life, where these have been of a sedentary and indolent nature, in the frequenting of hot and crowded rooms, or excessive indulgence in warm bathing, in the use of soft beds, too much sleep, tight-lacing, &c. ; or, in the humbler classes, the constant inhalation of an impure atmosphere, with close and sedentary employment ; the abuse of diluents, acid drinks, or spirituous liquors in early life ; poor living, or over fatigue ; in fact, anything that impairs the vigour of the nervous energy which regulates and sustains the faculty of nutrition, the imperfection of which is the mainspring of chlorosis.

The exciting causes are most commonly the depressing passions and affections ; unrequited love, " the hope deferred that maketh the heart sick ;" the reading of exciting novels, sudden mental and moral shocks, introverted feelings, sudden suppression of the menses at the age of puberty, getting the feet wet during the flow, excessive menstruation, &c.

The disease may show itself all at once from a sudden but deep impression made upon the nervous system, or it may be gradually developed ; in the former case it may be connected with an abrupt arrest of the catamenial flow ; in the latter, with a gradual and partial suppression, during which, from some unusual fatigue or sudden emotion, the disease becomes at once completely established.

It happens more frequently in spring and autumn than in summer and winter ; relapses occur in those seasons, as damp and cold weather favour the disease.

Recovery takes place gradually ; the face loses its pale or unhealthy hue ; the lips and tongue become red ; the pulse is fuller ; the temperature of the body equable ; the spirits more cheerful ; and the feeling of strength which the



patient now enjoys, are sure signs of recovery. The menses become gradually established and regular, and it is important to protect the body well against the ill effects of damp and cold weather. When the disease becomes inveterate from neglect, improper treatment, or the continued operation of its causes, it becomes dangerous from the morbid complications and associations which are manifested. Anæmia is one of the immediate accompaniments of the chlorotic state, nutrition and sanguification being from the first to the last impaired, owing to the unhealthy tone of the digestive organs, causing an insufficient quantity of healthy chyle to be supplied to the blood, and the imperfect sanguification of that which is supplied. Hysteria, swelling of the glands, neuralgia, chronic cutaneous eruptions, hæmatemesis, and melæna; diseases of the heart or of the lungs; dilatation of the right ventricle, or phthisis; disorganisation of the spleen by atrophy or induration, either of which may lead to dropsy, congestion of the liver, hæmorrhoids, melancholy, idiocy, and nymphomania, are amongst the secondary diseases which accompany, or remain after a neglected chlorosis. Although chlorosis does not often prove *directly* fatal, it may do so indirectly through any of the secondary diseases which result in the course of its disturbing influence upon the various organs of the body.

*Treatment.*—The first step is to remove, or counteract, the mental or moral causes, as far as possible. A proper regulation of the diet must be enjoined. Avoidance of everything that can relax or enfeeble the mind or body must be rigidly adhered to, such as sleeping too long, or lying upon feather beds, or under too much clothing; late hours; hot and crowded rooms; the exciting or depressing passions; novel reading; rich and highly seasoned food and drink, &c.

“Hæmorrhages and profuse menstruation should be treated with the remedies recommended under the several heads in

question ; and if debility remain, from whatever cause, *China* should be administered. If the os tincæ or the vagina be closed, a surgical operation will be necessary ; after which it will appear, whether such a mechanical difficulty was the only cause of the chlorosis."

"The slow and gradual development of the disease shows its more than ordinary hold in the deep recesses of the organism, and the greatest care is therefore required to remove it. All stimulants, wine, brandy, spices, &c., should be abjured."

*Pulsatilla*.—At the commencement of the disease, when the menses are feeble or retarded, the complexion pale, and the muscles flabby.

*Cocculus*.—Particularly when the patient complains of spasms deep in the abdomen, with irregular menstruation.

*Nux vomica*.—If the patient be of a vehement, passionate temperament ; the menses frequently appearing, but flowing irregularly ; if there be symptoms of gastric derangement, vomiting, and constipation : or if the patient has indulged in coffee or tea ; to the latter circumstance *Pulsatilla* and *Ignatia* are likewise adapted.

*China*.—Œdematous swelling of single limbs, particularly of the feet ; puffiness of the eyelids ; distension of the abdomen, costiveness ; acute pains ; drawing, tension, or creeping in the abdomen ; bad digestion, sour eructations, morbid cravings, and depraved appetite.

*Arsenicum*.—If the above symptoms are accompanied by trembling, frequent fainting, and extreme debility.

*Conium*.—Entire suppression of the menses, great sensitiveness of the external and internal pudendum every four weeks ; constant, dry heat of the body without thirst, anxious dreams, and feeling of heaviness in the limbs ; whining mood, restlessness, anxious care about everything, stitching in the region of the liver, which sometimes continues several days and weakens the body very much.

*Phosphorus*.—The menses not being entirely suppressed, but appearing irregularly; nausea, sour vomiting; oppression of the breathing; vertigo, and erethism of the system.

*Natrum mur.*—frequent, ineffectual indications of the appearance of the menses, accompanied with great sadness, oppression, and anxiety, fainting spells, coldness of the pelvis, and internal heat; heat in the face, weight in the abdomen, teasing toothache, frequent burning, and cutting in the groins.

*Plumbum* has been greatly lauded by Dr. Winter as a remedy in chlorosis. He traces the resemblance between its pathogenetic symptoms, or, as he calls them, the lead cachexia, and those of the disease. He considers that it favours the action of iron, and that its action is rather upon the vegetative system and the venous blood, while the relation of iron is stronger towards the vitality of the blood, and especially to the arterial. Hence the lead must precede the iron, when the chlorosis takes place in early life; but when it results from great loss of blood, the iron must be exhibited first.

The cases of chlorosis in which the lead was used were marked by orthopnœa, constipation, œdema of the feet, and unusual muscular debility.

*Sulphur* is an important remedy in chlorosis. It may be alternated with *Pulsatilla*.

*Sepia* exhibits many general indications for chlorosis, and comprises, moreover, various morbid conditions of the sexual organs under its pathogenesis; as, for instance, a painful pressing in the inner pelvis from above downwards, occasionally accompanied with discharge or mucus, sometimes of a jerking, darting in the vagina, with occasional discharge of single drops of blood. If no blood be discharged, the patient complains, at particular periods, of aching pain in the abdomen, swelling in the pudendum, or even discharge of mucus.



*Belladonna* and *Platina* should be carefully compared with *Sepia*.

*Borax* will sometimes succeed when the disease has resulted from a sudden check of the catamenia, a remedy being first given in accordance with the exciting cause.

*Nitric acid*, *Lycopodium* and *Graphites* deserve consideration. *Ferrum* is the best remedy for inveterate cases of chlorosis, "and it should be continued," says Hartmann, "until every vestige of arterial murmur has disappeared. *Calc.*, *Dig.*, *Helleb.*, *Kali*, *Natr. chlor.*, *Spig.*, *Val.*, *Carb. v.*, *Caust.*, *Phosph. ac.*, *Sabina*, *Sulph. ac.*, *Zinc.*, are also amongst the remedies sometimes useful in chlorosis.

*Sulphur* in most cases is all-sufficient. It stimulates the organic functions, improves sanguification, puts colour into the cheeks and lips, reanimates the system, and takes the place of Steel or Iron in all cases where the constitution does not tolerate them.

Why then is this?—simply because *iron* has little or no analogy with the finer processes which characterize chlorosis, while *Sulphur* has, although *Iron* can bring back gradually and after a while the tone to the blood. Thus, I have often in a *short* time restored a patient to a healthy tone and colour, by means of *Sulphur*, after she had imbibed Iron for many weeks without success.

Another remedy recently introduced, is the *Liquor Sodæ Chloratæ*,\* a very useful remedy in those cases of biliary chlorosis, where the liver is inactive and the complexion greenish yellow, and the system demands the stimulating action afforded by the chlorine; but I object, in the first place, that the *Liq. Sodæ Chlorat.* has not yet been proved in its compound form. It exists in Labarrague's disinfecting fluid, and, no doubt, in consequence of its combination of soda with chlorine, acquires a stimulant character highly useful in reanimating an inactive liver, and giving a healthy

\* 'Br. Journ. of Homœopathy,' No. cxxii.

impulse to its function, but I cannot accord to it the praise bestowed, or give it a precedence which it does not deserve. It is, however, well worth proving, nor would I object to it, *in toto*, on that account.

### LEUCORRHŒA.

In the natural and healthy condition of the female organs, the lining membrane of the Fallopian tubes, uterus, and vagina, is lubricated by a thin, transparent glairy fluid, for the double purpose of obviating the effects of friction, and of preserving the channels free and smooth, and void of the risk of adhesion. There is also that regulated balance between absorption and secretion which prevents an accumulation of the latter ; but, when, from accidental causes operating either directly upon the organs themselves, or by remote sympathy through other organs, this secretion is augmented and the healthy absorbent action overpowered, the secretion becomes a source of great discomfort to the female, and is then called *leucorrhœa* or *fluor albus*, which if not remedied, sooner or later affects her general health. The secretion is first simply increased in quantity, but soon changes to a milky character, and under these circumstances, may depend upon a relaxed condition of the exhalents of the mucous surface, as a consequence of deranged health. But it may become purulent, from aggravated morbid action in the glands above the os and cervix uteri, or of some part of the vaginal passage,—just as the character of the secretion is changed under a catarrh of the bronchial mucous membrane. It is sometimes observed to be clear, colourless, and viscid, resembling the white of an egg ; it is usually found to exude from the cavity of the uterus, and may be only an increase of the natural secretion of that part ; but under a sub-inflammatory condition of the membrane, it is

found to be yellow or thick, opaque, and jelly-like ; it is more ropy and tenacious than the other kinds. The character of the secretion which comes from the cervical canal is not very evident ; first, because the secretions from the cavity of the uterus necessarily pass along it ; and, secondly, because inflammation of the cervical canal is seldom observed without some morbid action of contiguous structures ; but the copious secretion which is poured out during labour by the mucous glands or follicles of that part, and the extensive secretory surface afforded by the *palmæ plicatæ*, render it probable that some forms of leucorrhœa have their origin in that structure.

When erosion, ulceration, or other more grave morbid condition of the uterus or its neck co-exists, the discharge is found occasionally to be streaked with blood, ichorous or watery, and may be serous, green, dark or sanguineous, or purulent and fetid. It is often greenish, brownish, or exhibits a yellow tinge. Another appearance presented by it is that of a white or cream colour, or resembles starch diffused in water ; this was first noticed by Sir C. M. Clarke, and described by him as pathognomonic of inflammation of the cervix uteri. It is sometimes homogeneous ; at others the pearly white portion of the discharge is imperfectly mixed with the clear transparent viscid mucus with which it has come in contact, and is then stringy or ropy. The one seems to come from the exterior of the cervix, while the other, or clear gelatinous portion, has descended from within the cavity. I think it may be concluded that when the discharge is thin, copious, and milky, or puriform, it generally proceeds from the *lacunæ* of the vagina ; when it is pearly or starch-white or thick, yellowish, or fetid, or streaked with blood, it comes from the glandular apparatus about the os or cervix ; and when it is viscid, or like jelly, either translucent or opaque, its origin is the cavity of the uterus or the cervical canal.

Leucorrhœa often commences as an inflammatory affection of the vagina, attended with local heat, painful micturition, excoriation and irritation of the external parts, and general febrile disturbance, which soon subsides, the disease passing into the chronic form. The vaginal lining is the most common source, especially early in life.

Leucorrhœa is more general than any of the affections peculiar to the sex, and not unfrequently commences before menstruation, especially when that is retarded, and is one of the symptoms in amenorrhœa.

It may exist in connection with a robust and plethoric, or with a relaxed and debilitated state of the system.

It has been supposed to depend often upon irritation of the spinal marrow at the origin of the sacral nerves, and this is very probable, more especially in those cases which occur at the earlier periods of menstruation. As well as occasionally preceding that function, it sometimes takes the place of it, where there has been obstruction, the leucorrhœa becoming more abundant at the monthly period, and attended with pain in the back. Of this vicarious leucorrhœa, notice has been taken at page 25.

With regard to the local symptoms associated with leucorrhœa, there may be morbid heat of the vagina, with tenderness of the os and cervix, or even of the body of the uterus, enlargement of the mucous glands or follicles, the os uteri feeling soft and tumid, occasionally patulous, and often bathed in discharge. There is often painful or difficult micturition, irritation of the bladder or rectum, a sense of burning in the vagina, and the external parts become heated and excoriated by the acrid, corrosive nature of the discharge. This is not unfrequent in young women, and is generally the result of an inflammatory condition of the os and cervix; but erosion and ulceration are not necessarily existing when leucorrhœa is present. The os and cervix may exhibit a pale crimson or slightly red appearance. In many instances the

augmented secretion is confined to the muciparous glands at the entrance of the vagina, which will yield to the simple means of ablutions of the parts, or a dose or two of *Calcareæ*, unless these glands are much enlarged from sympathy with some serious structural disease of the uterus itself. In all severe and chronic cases, where there is any doubt or obscurity, an examination should be made with the speculum, as the only means of deciding upon the seat and origin of the affection. The discharge may possibly come from the glands which have been found at the fundus uteri; and it has been observed that when this is the case, the secretion is acid and reddens litmus, whereas that which proceeds from the os and cervix is alkaline. In order to ascertain this fact, an instrument has been used by Dr. Mitchell, of Dublin, to facilitate the observation, so constructed as to admit of the litmus paper being applied within the cervix uteri. But its use is neither required nor justified in Hemœopathy.

The constitutional symptoms which attend upon leucorrhœa are at first so slight as scarcely to attract any attention; indeed so common is the disorder, that women have got into the habit of regarding it as almost a natural state of things, which often leads to the permanent establishment of the disease; but when, from morbid activity of any of the exciting or predisposing causes, there is excessive and altered secretion, constitutional symptoms are more or less manifested by febrile movements, &c., in conjunction with those which are of local origin.

When the disease becomes chronic and aggravated, pallor of countenance, partial emaciation, indigestion, constipation, languor and debility occur, suspension of menstruation, chlorosis and phthisis, ensuing as occasional adjuncts, the constant and abundant discharge breaking up the general health, and often inducing sterility. The symptomatic leucorrhœa dependent on some organic lesion exhibits constitutional



symptoms referable to the morbid condition of the organs, whether it be a displacement or other structural disease.

The causes of leucorrhœa are :—cold and moisture, frequent excitement resulting in debility, excessive indulgence, frequent pregnancies, abortions, hæmorrhages, protracted lactation, irritation of a pessary or of injudicious local applications, prolapsus uteri, polypi, or other tumours of the uterus or vagina, ascarides or hæmorrhoidal affections, congestions of the os and cervix, scrofulous taint of constitution.

*Treatment.*—In order properly to fulfil the curative indications, it will be well to bear in mind the characteristics which mark the three forms of the disease which have been alluded to, namely :

1. The acute and mild conditions of the simple form.
2. The aggravated or chronic.
3. The symptomatic.

Here, instead of applying stimulating injections, which so often augment the evil, or cauterizing the vagina, or operating violently upon the stomach or bowels, we have in Homœopathy much more simple and efficient means, by which we can remove or limit the discharge. The hygienic rules to be adopted, with a view to aid the action of the medicines, consist for the most part in observing a simple, nutritious, unstimulating diet, regulated in its quantity and quality, by the extent of the inflammatory symptoms present. The patient should not be exposed to cold or damp, or to great fatigue, or to much standing, and should avoid too much excitement, late hours, and hot rooms.

The remedies calculated to relieve the different kinds of leucorrhœa, are ;—

In the more simple form,—*Alum.*, *Amm. c.*, *Bor.*, *Baryt. c.*, *Calc.*, *Con.*, *Graph.*, *Kreos.*, *Lyc.*, *Merc.*, *Puls.*, *Sep.*, *Sulph.*;

In the acute,—*Acon.*, *Amm. c.*, *Borax*, *Calc. c.*, *Carbo. v.*,

*Con.*, *Kali c.*, *Lyc.*, *Phos.*, *Puls.*, *Plat.*, *Sab.*, *Sep.*, *Sil.*, *Sulph. ac.*;

In the aggravated and chronic form,—*Alum.*, *Amm. c.*, *Ars.*, *Carb. a.*, *Carb. v.*, *Caus.*, *Canth.*, *Chin.*, *Cham.*, *Con.*, *Ign.*, *Kali c.*, *Kreos.*, *Lach.*, *Lyc.*, *Merc.*, *Mez.*, *Magn. c.*, *Natr. m.*, *Nitr. ac.*, *Phos.*, *Puls.*, *Ruta*, *Sep.*, *Sil.*, *Sul.*, *Sulph. ac.*, *Stan.*, *Zinc.*;

In the symptomatic,—*Alum.*, *Amm. c.*, *Ars.*, *Amb.*, *Calc.*, *Caps.*, *Carb. veg.*, *Cham.*, *Chin.*, *Con.*, *Graph.*, *Kali*, *Kreos.*, *Lyc.*, *Mag. c.*, *Merc.*, *Mez.*, *Natr.*, *Natr. m.*, *Nit. ac.*, *Nux v.*, *Phos.*, *Puls.*, *Sass.*, *Sab.*, *Sep.*, *Stann.*, *Tart.*, *Thuja.*, *Zinc.*;

When fetid,—*Chin.*, *Kreos.*, *Natr.*, *Nit. ac.*, *Nux v.*, *Sabina*, *Sep.*

The following from Bœnninghausen gives a more succinct arrangement of the remedies applicable in leucorrhœa :—

*In general* :—*Acon.*, *Alum.*, *Ambr.*, *Amm.*, *Amm. m.*, *Anac.*, *Ant. cr.*, *Ant. tart.*, *Ars.*, *Bar.*, *Bell.*, *Bor.*, *Bov.*, *Bry.*, *Calc.*, *Cann.*, *Canth.*, *Carb. an.*, *Carb. v.*, *Caust.*, *Cham.*, *Chin.*, *Cocc.*, *Coff.*, *Con.*, *Dros.*, *Ferr.*, *Graph.*, *Guaiac.*, *Hep.*, *Ign.*, *Iod.*, *Kali.*, *Kreos.*, *Lyc.*, *Magn.*, *Magn. m.*, *Mang.*, *Merc.*, *Mezer.*, *Mur. ac.*, *Natr.*, *Natr. m.*, *Nitr. ac.*, *Nitr.*, *N. mosc.*, *N. vom.*, *Petr.*, *Phosph.*, *Ph. ac.*, *Plat.*, *Plumb.*, *Puls.*, *Ran. bulb.*, *Ruta*, *Sabina*, *Sass.*, *Scill.*, *Sec. corn.*, *Seneg.*, *Sep.*, *Sil.*, *Stann.*, *Stront.*, *Sulph.*, *Sulph. ac.*, *Thuja*, *Viol. tr.*, *Vit.*, *Zinc.*

Yellow colour :—*Acon.*, *Alum.*, *Ars.*, *Bov.*, *Carb. an.*, *Carb. v.*, *Cham.*, *Kali.*, *Kreos.*, *Lac.*, *Natr.*, *N. vom.*, *Ph. ac.*, *Sabina*, *Sep.*, *Sulph.*

Brown :—*Amm. mur.*, *Nit. ac.*

Green :—*Bov.*, *Carb. v.*, *Merc.*, *Puls.*, *Sep.*

Fetid odour :—*Chin.*, *Kreos.*, *Natr.*, *Nitr. ac.*, *N. vom.*, *Sabina*, *Sep.*

Watery nature :—*Amm.*, *Ant. cr.*, *Ant. t.*, *Carb. an.*, *Carb. v.*, *Cham.*, *Chin.*, *Graph.*, *Kreos.*, *Magn.*, *Magn. m.*, *Merc.*, *Mez.*, *Nitr.*, *Puls.*, *Sep.*, *Sil.*, *Sulph.*

Thick:—Ambr., *Ars.*, Bov., *Carb. v.*, Magn. m., *Natr.*, *Natr. m.*, Puls., Sabina, Sep., Zinc.

Milky:—Amm., Calc., *Carb. v.*, Con., *Ferr.*, Graph., *Kreos.*, Lyc., *Natr. m.*, Phos., Puls., Sabina, Sep., Sil., *Sulph.*, Sulph. ac.

Purulent:—Calc., *Chin.*, Cocc., Ign., *Kreos.*, Merc., Sabina, Sep.

Mucous:—Alum., Ambr., *Amm. m.*, *Ars.*, Bell., Bor., Bov. Bry., Calc., Canth., Carb. an., Carb. v., Cocc., Con., Ferr., Graph., Guia., *Kreos.*, Magn., Merc., Mezer., *Natr. m.*, Nitr., *Nitr. ac.*, *N. vom.*, Petr., Phos., Plumb., Puls., Sabina, Sass., Seneg., Sep., Stann., Sulph., Sulph. ac., Thuja, Zinc.

Bloody:—Alum., Ant. t., *Ars.*, Canth., Carb. v., Chin., Cocc., Con., *Kreos.*, Lyc., Magn. m., Nitr. ac., Sep., Sil., Sulph. ac.

Viscous:—Acon., Amm. m., Bor., Bov., Mez., Phos., Ph. ac., Sabina, Stann.

With burning:—Amm., *Ars.*, Bor., Calc., Canth., Carb. an., Con., Kali., *Kreos.*, Puls., Sulph. ac.

Itchiness:—Alum., Anac., *Ars.*, Calc., Chin., Ferr., Kali., *Kreos.*, Merc., Phos. ac., Sabina, Sep.

Corrosive:—Alum., Amm., Anac., Ant. cr., *Ars.*, Bov., Calc., Cann., Canth., Carb. an., Carb. v., Cham., Chin., Con., Ferr., Hep., Ign., Iod., Kali., *Kreos.*, Lyc., Magn., Magn. m., Merc., Mez., *Natr. m.*, Nitr. ac., Phosph., Ph. ac., Puls., Ranun. bulb., Ruta, Sep., Sil., Sulph., Sulph. ac., Thuja.

## DYSMENORRHEA.

Menstruation is sometimes attended with difficulty and pain of a distressing kind, which is referred to the lower part of the abdomen, or the back, and often causes the person to remain in bed, where she rolls about in agony,



and is troubled with nausea, or sickness, loss of appetite, diarrhœa, and chilliness. This state is, however, seldom attended with febrile excitement. Painful menstruation occurs at all ages, from the first establishment of the function to its cessation, but it may be cured by treatment. It happens to the married as well as the single, and is not unfrequently a cause of sterility; on the other hand, it is often cured by pregnancy. The pain sometimes begins only an hour or two before the flow; at others it is troublesome for a day or two previously, and is relieved by the discharge. The menses may commence regularly, and continue for a few days, either diminishing after the first day or ceasing abruptly, and all the while being accompanied by a great deal of suffering. Small clots or shreddy membranaceous matters escape along with the discharge, which is usually scanty, although in some few instances, it is excessive. In some sanguine and plethoric subjects the formation of a mass taking the shape of the uterine cavity occurs, which consists of a membrane appearing, upon superficial observation, not unlike the decidua of pregnancy, inclosing a coagulum; this is expelled with a good deal of pain. It has been called spurious abortion, and often leads to painful suspicions, from the supposition that pregnancy existed. Dr. Simpson considers it to be a separation of the lining membrane of the womb, analogous to what takes place from the intestinal canal, from the circumstance of its being perforated with holes which correspond to the mucous follicles of the uterine surface. When an individual is subject to this deviation from the healthy function, she is apt to have a recurrence of it, either monthly or at occasional intervals, and the period is then attended with febrile symptoms, with sympathetic distension of the breasts, and expulsive (forcing) pains.

Dysmenorrhœa has been distinguished by the pathological states which accompany it into the neuralgic, the inflammatory, and the mechanical forms.

*Neuralgic Dysmenorrhœa* occurs at all ages, but is said to be most frequent after the thirtieth year. It is chiefly met with in subjects of a nervous, irritable temperament; it sometimes lasts only for the first day or two of the catamenial flow, when, after the escape of a small clot, the discharge becomes free, and relief is obtained. At other times the whole period is one of continued suffering.

The symptoms which prevail in these cases, and which must direct the choice of remedies, are:—sharp, lancinating or dragging pains in the uterus and vagina, extending into the iliac regions; lumbar pain running down the sacrum into the groins and thighs; pains of expulsion (forcing) like labour pains, during the emission of the discharge; sympathetic pains in the breasts; there is nervous, but little vascular excitement; irregularity of the bowels, at one time constipation, at another the reverse; capricious and small appetite; loathing of the food; pallor of countenance; coldness of the extremities; emaciation; loss of physical strength; leucorrhœa; the menstrual discharge is often paler than is natural, is occasionally mixed with small clots and shreds, and occurs either scantily and slowly, or in sudden slight jets.

*Inflammatory or Congestive Dysmenorrhœa.*—The subjects in whom this form of dysmenorrhœa is developed are the robust and plethoric, with dark hair, florid complexion, turgid constitution, and in whom the sanguineous or the melancholic temperament prevails. The period is usually preceded by symptoms of restlessness, feverish heat, with rigors, flushing of the face, and headache, intolerance of light and sound, and sometimes delirium: as the function commences, weariness and aching of the limbs, weight in the loins, hot skin, full and quick pulse, are added, together with bearing-down pains, cutting and contractive pains in the abdomen, violent expulsive (forcing) efforts like those of labour, which, however, are not subject to remission, until

—after a paroxysm of great suffering—a small clot, or a portion of membranous substance, is passed. Sometimes the discharge is profuse as well as painful, and mingled with several small coagula; but more generally it is scanty, when the difficulty of emission is very great: or the more inflammatory symptoms may be absent, and the period be accompanied by symptoms of passive congestion of the uterus and its appendages, such as weight and pain in the loins and pelvis, as if the parts were dropping through, constipation, and frequent micturition; aching of the thighs, an incapability of maintaining long the upright posture, &c. Intense paroxysms of pain occur, as though something were contained in the uterus, and must escape: these are temporarily relieved by the passage of a small clot; but full relief is not obtained until the catamenial period has passed over. The flow is generally sluggish, and the discharge dark. The pulse is rather weak and quick; there is often a cool and perspirable skin. There are, frequently, pain and swelling of the breasts, and uterine leucorrhœa during the interval. The constitution is not often much affected by the severe attacks, unless they continue unmitigated for a considerable period.

*Mechanical Dysmenorrhœa.*—Painful or difficult menstruation may occur from a narrowing of the cervical canal of the uterus in some part of its course. This stricture has been relieved by the use of bougies, or the sound, but the dysmenorrhœa has not always been cured in consequence.

The painful operations which have been had recourse to in these cases, for the purpose of dilating the cervical canal by means of the uterine sound, have frequently done more harm than good, and are to be greatly reprobated as general applications; they should at any rate be omitted until all other means fail, and then only employed in urgent cases.

The principal remedies which are suggested by their correspondence with the symptoms manifested in these varieties

of dysmenorrhœa, and with the general condition of those subject to them, are,—*Bell.*, *Coffea*, *Cham.*, *Cocc.*, *Coloc.*, *Crocus*, *Graph.*, *Kali brom.*, *Phos.*, *Platina*, *Puls.*, *Sep.*, *Sulph.*, and *Am. carb.*

*Coffea* will be found serviceable when the subjoined symptoms prevail :—great nervous excitability ; headache ; continuous pinching pain in the iliac regions ; dartings in the sides of the abdomen ; pains like those of labour ; loathing of food ; colic, with coldness and stiffness ; pressure on the bladder ; frequent desire to pass water, &c., with increased menstrual discharge.

*Chamomilla*, when the symptoms are as follow :—sympathetic swelling of the breasts, with intolerable labour-like pain, incisive pains in the sides of the abdomen, during the flow of the menses, which are profuse or lumpy, with relaxed bowels.

*Crocus*, when, previous to the appearance of the menses, bearing-down pain in the groin, sharp lancinations in the abdomen, colic, &c., occur as the predominant symptoms.

*Cocculus*, when the discharge is irregular, fitful, scanty, and attended with uterine spasms and pressing pain in the groins ; or with copious discharge of coagulated blood, followed by hæmorrhoids, and painful efforts ; shivering over the mammæ ; gastric disturbances, and bilious vomiting, with aversion to food ; constipation.

*Graphites.*—Scanty and thin discharge, with violent pain in the back, attended with morning sickness ; chilliness ; colic ; constipation previous to the catamenia, diarrhœa after ; much rumbling in the intestines, with a burning and bearing-down pain ; distension after a meal, with nausea ; heartburn and water-brash ; dull headache.

*Phosphorus.*—When the menses occur too early and are scanty, or too profuse and continue too long, being attended with pains in the back and abdomen ; cutting in the abdomen, with pain in the back and vomiting, colic, chilli-

ness, with cold hands and feet ; dull headache, stitches in the mammæ ; constipation ; feeling in the back and limbs as if bruised and broken ; sour eructations and vomiting ; sick feeling towards evening ; great weakness with blue margins round the eyes, and anxiety after the menses.

*Pulsatilla*.—In a retarded state of the catamenia, the discharge being black, with coagulated blood, or pale and serous, with colic ; abdominal spasm ; sacral pains ; tenesmus of the rectum and bladder ; gastric disturbance, nausea, and qualmishness ; megrims, vertigo, shiverings, pallor, tearfulness, anguish, sadness, and melancholy.

*Sepia*.—Menses premature and scanty ; pressing down of the uterus, with colic ; violent colic just before the menses, with faintishness ; shuddering all over the body ; burning and frequent stitches in the vagina ; disturbed sleep owing to the feeling of tearing in the back ; chilliness and heat, thirst and painful constriction in the chest ; contractive pain in the vagina ; violent stitches from the pudendum to the umbilicus ; costiveness, headache, toothache, and leucorrhœa.

*Sulphur*, when the catamenia appear too early and are too profuse, the discharge being thick and black, with burning in the vagina. During the menses, cutting and contractive pain in the hypogastrium, violent pain in the small of the back, and colic, with bloatedness, the flow being scanty. Violent pain in the abdomen, with heat, chilliness, and a sort of epilepsy. Aversion to meat, dyspeptic symptoms, flatulence, constipation.

*Ammon. carb.*,—when the catamenia are premature, abundant, and preceded by griping, colic, and want of appetite ; when the discharge is blackish, in clots, and passes off with spasmodic pain in the abdomen, with constipation and tenesmus, paleness of face, sadness, and toothache ; violent tearing in the abdomen and vagina ; intense pain in the small of the back, and great coldness.



*Belladonna* is applicable to the treatment of cases characterised by the following symptoms and conditions: congestive enlargement of the uterus, or prolapse of that organ; menstrual spasms shortly before the catamenia, with drawing labour-like pains from the small of the back to the thighs and calves, extending to the umbilicus, with pressure downwards. Vascular excitement, turgid countenance, with cold extremities, &c.

*Bryonia* is especially useful in treating the inflammatory or congestive variety; the symptoms are as follows:—chilliness, congestion of the head, and cough, bleeding at the nose, and leucorrhœa.

*Calcareæ* is to be preferred when indicated by such conditions and symptoms as follow:—in delicate, scrofulous, full, and irritable subjects more particularly:—a too frequent and too copious flow of the catamenia, with vertigo when stooping, or rush of blood to the head, and heat in the head, with toothache; aching and burning soreness of the organs, leucorrhœa; griping and spasmodic pain in the back; violent colic; anorexia, nausea, &c. This remedy is especially suitable to the lymphatic and venous plethoric constitution.

*Ignatia*,—in the neuralgic form of dysmenorrhœa, when the menses are scanty, and the blood is dark; when coagula are passed; or there are uterine spasms and lancinations, contractive colic, palpitation of the heart, languor unto fainting; or uterine spasms relieved by pressure and the recumbent posture.

*Nux vomica* is appropriate for the treatment of subjects of an irritability of temper, in whom the menses appear too early, but are scanty and attended with uterine spasms; a griping and digging, with coagula; burning heat of the vagina; fainting on the appearance of the menses in the morning, preceded by spasmodic movements in the abdomen, and succeeded by languor and chilliness; cold hands; con-

stipation ; frequent desire to pass water ; yellowish leucorrhœa during the intervals.

*Platina* is most useful for the treatment of individuals who are subject to nervous and vascular erethism ; it may also often be used with advantage in alternation with *Belladonna* when the menses are profuse and attended with cutting, pressing, labour-like pains in the abdomen, small of the back, and thighs ; the discharge being dark, with lumps or pieces intermingled ; constipation, and frequent micturition, anorexia, restlessness, and tears.

*Secale*, when the menstrual discharge is too frequent and continues too long, attended by tearing and cutting colic, coldness of the extremities, cold perspiration, great weakness, small pulse.

## MENORRHAGIA.

When the menstrual discharge recurs too frequently, or too copiously, or if it be in excess at periods when it is usually absent, as during gestation and suckling, menorrhagia is considered to exist ; but it must be borne in mind, that climate or constitutional idiosyncrasy may determine an excess, without the general health becoming thereby affected. Three varieties of menorrhagia are met with in practice. In the *first*, the discharge is normal in character, but the quantity, or the frequency of recurrence, is greatly increased ; or in some cases both the quantity and the frequency are subject to these deviations from the normal condition. In the *second*, the discharge is great, and is accompanied by pure blood : in neither of these forms is there any change in the body or neck of the womb perceptible to the touch. In the *third* variety, there is, in addition to the great augmentation of the discharge and the appearance of blood and coagula, also a perceptible change in the size and position of the uterus.

Married women are more liable to menorrhagia than single ; and it is rare for these, if otherwise healthy, to have uterine hæmorrhage.

Leucorrhœa is rarely absent in these cases during the intervals of menstruation.

The *first* variety of menorrhagia, although the simplest form, is the most rarely met with, and from the imperceptible degrees by which it undermines the health, is, perhaps, the least often paid attention to. It occurs either by violent and sudden gushes from the vagina, stopping and recurring during the whole menstrual period, or the usual free discharge may continue uninterrupted for one, two, or three weeks ; or again it may, after lasting for the ordinary time of four or five days, return before the proper period, and be repeated every two or three weeks, *leucorrhœa* succeeding and continuing during the whole interval between the periods.

The effects of this irregularity and excess of function soon become apparent. Exhaustion, languor, indisposition to exertion, weakness across the loins and hips, and at the lower part of the abdomen, nervous headaches, throbbing of the temples, tinnitus aurium and giddiness, chilliness of the surface and extremities, palpitation of the heart, and all the symptoms of confirmed anæmia, followed, if not relieved, by the distressing and serious disorders of the various organs and functions of the body necessarily consequent upon that condition ; such as mental hebetude, or morbid irritability, or even epilepsy ; derangements of the stomach and bowels, diarrhœa, anasarca, and various nervous symptoms. An examination per vaginam discloses nothing but the os uteri, perhaps, slightly open.

The causes of this derangement are, chiefly, frequent childbearing and miscarriages, over-suckling, cold, mental emotion, and sexual excess.

The *second* variety, characterised by the discharge of blood,



in addition to the usual menstrual secretion, and accompanied by the expulsion of coagula, generally occurs in married women and those of leuco-phlegmatic temperament. This form is of a more acute kind, and may occur in the robust or the delicate. The discharge is more profuse from the beginning, and induces disturbance of the general health more rapidly, and therefore sooner attracts attention.

When it occurs in the robust and plethoric, it is attended by an active state of the heart and arterial system, or, at times, by febrile symptoms, the menstrual flow being preceded by a sense of weight and tension in the region of the uterus, a fulness and throbbing within the pelvis, the external parts being often tumid and painful. The following manifestations also occur: swelling and tenderness of the breasts, and headache; violent pain in the womb, loins, and thighs; burning heat in the pelvis; quick and hard pulse. The discharge often comes on in violent gushes, with relief when febrile symptoms are present; or a sudden profuseness takes place sufficient to cause fainting, and accompanied by large masses of coagula. This continues several days, at the end of which time the patient is weak and exhausted. A few repetitions of these attacks will impair the health, and reduce the patient to a state of anæmia; or, if the morbid condition be kept up by an injudicious use of stimulants, during the interval, with the intention of quickly regaining the lost ground of health, a passive form of menorrhagia is induced, and all the evil consequences referable to anæmia may be incurred. When this form occurs in delicate and hysterical, or scrofulous females, the concomitant symptoms are more of a nervous than of an inflammatory character. In the place of such symptoms as the congestive headache, throbbing pulse, and general excitement, the case is usually characterised by the following manifestations:—tendency to spasmodic affections, contractive pain in the uterine region, the discharge coming away by gushes, quick and irritable

pulse, chilliness, faintness, pallid and anxious countenance, sleeplessness, &c.

The *third* variety occurs generally in the middle and later periods of life, and is either connected with climacteric cessation of the menstrual function, or may lead to the inference that disease of the uterus itself exists. It is not peculiar to any one temperament. The discharge is more profuse than in the other varieties, and the effects, if possible, are more severe. It continues for a long period, at times in alarming excess, and is often preceded and followed by a watery, or leucorrhœal discharge. During the attack, which sometimes lasts throughout the whole period of the ordinary interval, or occasionally even for several months in succession,—interrupted only by temporary intermissions from time to time, during which the aqueous or leucorrhœal discharge takes its place, and becomes slightly or offensively odorous,—the patient may complain of pressure, or aching, or lancinating pain in the uterus, weight and pain in the uterine and lumbar regions, faintness and exhaustion, dysuria, loss of appetite, nausea, constipation or diarrhœa,—further characterised, if the complaint be of long duration, by a sunken, cadaverous, careworn countenance, quick and weak pulse, coldness of the extremities, and œdema.

In these cases the uterus is found enlarged, with the os more or less patulous, lower down than usual in the pelvis, and tilted back towards the sacrum; the cervix as well as the body of the uterus is swollen, and tender to the touch.

The danger in all these varieties is dependent upon the state of anæmia induced by the drain upon the system; and the prognosis must therefore be guided by the effects already produced; unless, as in cases of the last kind, in addition to the state of the uterus described above, there exists serious organic or malignant disease.

*Treatment.*—If any of the above causes, which have been enumerated as productive of this complaint, continue to

exist, they must be removed as a preliminary step to the medical treatment ; after which some of the medicines from the annexed list, chosen in relation to the symptoms of the individual, will be found most efficacious in correcting the tendency to the disorder, and arresting the immediate attack. The recumbent posture with light clothing, and as much fresh air as the season or the circumstances of the patient will admit, a tolerably cool apartment, and a hard bed or couch, must be prescribed. In the interval, everything which can add to the fortifying of the system generally,—change of air, light, nutritious diet, salt water baths, sponging with salt water over the loins and lower part of the abdomen, and an avoidance of pregnancy for a time, must be adopted.

In the *first* variety, the following medicines are particularly applicable to the treatment:—*Belladonna*, *Bryonia*, *Calcarea*, *Caulophyll.*, *Ignatia*, *Natr. mur.*, *Nux v.*, *Phosphorus*, *Sabina*, *Senecio*, *Secale*, *Sepia*, *Lauro-cer.* In the *second*,—*Acon.*, *Bell.*, *Bryon.*, *Calc.*, *Cham.*, *China*, *Crocus*, *Ferr.*, *Hyosc.*, *Ignatia*, *Iodium*, *Ipecac.*, *Kreos.*, *Magn. m.*, *Nux v.*, *Phosph.*, *Platina*, *Puls.*, *Sec.*, *Sep.*, *Sab.*, *Sulph.*, or *Carbo veg.*, *Ratanhia*, *Ruta*, *Veratr.* In the *third*,—*Acon.*, *Arsen.*, *Arn.*, *Bell.*, *Cham.*, *Calc.*, *China*, *Carb. veg.*, *Crocus*, *Ferr.*, *Iod.*, *Ipec.*, *Kreos.*, *Phosph.*, *Puls.*, *Secale*, *Sep.*, *Sabin.*, *Sulph.*, *Veratr.*

Besides the treatment which may be requisite during the attack, when every effort must be made, by a careful selection of remedies homœopathic to the individual case, to arrest the catamenial excess, it is important to proceed during the interval with such antipsoric treatment as shall restore the system to a healthy balance, and so regulate the functions that the return of the menses at the future periods shall be normal. This course may be commenced immediately after the cessation of the superabundant flow, or so soon as the constitution shall have rallied from its effects, or

on the first day after the cessation of the menses. The plan most likely to effect this, is that adopted by Dr. Hartmann, which is to administer, first, a dose of *Nux vomica* of the 6th or 9th dilution, in the evening; and, thirty-six hours after that, a dose of *Cinchona* of the 6th or 3rd dilution. On the evening of the fourth day, that is, thirty-six hours after the foregoing dose of *Cinchona*, a second administration of *Nux v.*, followed as before by *Cinchona*, after a similar interval. After this, *Tinct. sulph.* of the 6th or 3rd dilution, and, two days later, *Calc. carb.*, continuing the administration of these two alternately until the return of the catamenial period. The result of this treatment is most satisfactory, as even in cases of long standing there is steady improvement in the general health, and the regular return and course of the subsequent menstrual periods.

A brief outline of the symptoms and conditions which more especially indicate the medicines chiefly applicable to the treatment of this complaint will perhaps suffice here, leaving the reader to study the rest, by accurate investigation of their respective pathogenetic properties, for the treatment of rarer cases, as they may present themselves.

*Aconite*, *Belladonna*, and *Bryonia* are applicable to cases in which there is arterial excitement or great irritability.

*Belladonna* corresponds to a discharge of dark and partly bright-red blood; constant pressure in the vagina, as if the uterus would prolapse; pains in the back, as if it would break, &c.

*Chamomilla* is to be preferred when the discharge of blood is dark, blackish, and coagulated, and occurs in gushes, with pressure in the uterus like labour pains, frequent desire to pass water, and drawing or tearing pains in the thighs and legs; quarrelsome humour, fainting fits, coldness of the extremities, paleness of the face, thirst.

Excessive menstruation is said to be frequently caused by the abuse of Chamomile tea, in which case its effects should

be neutralised by the administration of *Nux v.*, *Ignatia*, or *China*. According to the particular constitution and temperament of the patient and the circumstances of the case, *Coffea cruda* may be employed to remove great nervous sensibility.

*China* is useful when the discharge is black and clotted, occurring at intervals, with pressure at the uterus and jerking movements of the body, proceeding from depletion rather than spasm, and with painful tension of the abdomen; or when, from great loss of blood in the most serious cases, the subjoined symptoms and conditions characterise the case: sense of weight of the head, vertigo, dulness of sensibility, syncope, coma, the patient being cold and blue: it may be given, also, after the attack has passed over, or in the interval of the catamenia, as part of the constitutional treatment.

*Calcareæ* is very useful when the menses are too profuse or too frequent in their recurrence, when the patient exhibits a scrofulous diathesis; but Hahnemann says, it is never given with benefit when there is a deficiency of the catamenia. It is, however, more advantageous when given during the interval, in order to correct that condition of the system on which the abnormal state of the function often depends, and in which cases it may be given alone, or in alternation with *Cinch.*, *Nux v.*, and *Sulphur*.

*Crocus* is a very excellent remedy in cases of hæmorrhage from the uterus. Its employment is indicated by the escape of black, lumpy, viscid blood, increased by the least movement, with cutting pains, deep in the abdomen, extending to the small of the back: its characteristic symptom is *the sensation of something alive in the abdomen in the form of a ball*, when the hæmorrhage is active; it is suitable in attacks of menorrhagia, which have arisen from dancing or taking stimulating drinks when the catamenia were present; or when palpitation, anxiety and melancholy, jerking and creep-



ing in the limbs, thirst, heavy dreams, and starting on going to sleep, prevail.

*Hyoscyamus*.—One of the primary effects of this drug is uterine hæmorrhage. It is indicated when the subjoined symptoms characterise the case:—profuse menses, accompanied by delirium, the blood being bright-red; or spasms, interrupted by jerks or startings of single limbs, followed by rigidity of the joints; or preceded by hysteric pain or hysterical laughter, attended with spasmodic pains and trembling of the hands and feet; difficult micturition, with pressing; fainting fits, with convulsive movements; or restlessness, the body being hot, with swelling of the veins, a full and quick pulse, dulness of the senses, obscuration of sight, delirium.

*Ferrum* is applicable when the blood is at times fluid, at others black and lumpy, with labour pains in the abdomen and groins, great vascular excitement and a hot, red face, the pulse being hard and full. (*China* is said to be useful, sometimes, after *Ferrum*.)

*Ignatia* may be given when the menses come away in lumps of coagulated blood, with a crampy pain in the uterus like labour pain, and with a tendency to spasms.

*Ipecacuanha* is indicated when there is much weakness and the hæmorrhage is of a passive character, with a cutting pain at the umbilicus, a pressing towards the uterus and anus, with coldness, shivering, paleness of face, and heat within the head, the discharge being bright-red.

*Kreosotum* corresponds with the following state:—discharge of a large quantity of dark blood, followed for some days by the discharge of a bloody ichor with a pungent odour; corrosive itching and smarting of the parts; then the menorrhagia recommences, consisting of coagulated pieces of blood, accompanied with buzzing, and pressing in the head from within outwards.

*Lauro-cerasus* is sometimes useful when there is a profuse

discharge of liquid blood, with pain, hysteria, and nightly tearing in the vertex.

*Platina* is most beneficial when the patient is of a haughty temper and irritable, the discharge consisting of dark, thick, but uncoagulated blood, and when the following symptoms prevail:—pressive pain, extending from the small of the back to the groins; forcing outwards through the organs, great excitability of these parts, with sensitiveness.

*Pulsatilla*, although so important a remedy in amenorrhœa, is nevertheless very useful at times in menorrhagia, when the blood is thick and black, or pale and watery, and flows by fits and starts; or when it is profuse, especially at the critical age, and when the following symptoms occur:—headache, noise in the ears, sadness and melancholy, or when there is irritation of the nerves.

*Sabina* corresponds to the discharge of black, deep-coloured, clotted blood, with labour-like pains in the lumbar vertebræ and uterine region; or to paroxysmal discharges of bright-red blood, particularly during motion; or again it is appropriate for the treatment of women who have frequently suffered from abortion, and are at the time of life when menstruation ceases.

A patulous state of the os uteri is an indication for the use of *Sabina*.

*Thlapsi Bursa Pastoris*.—Dr. Lange has observed the greatest benefit to result from the use of this plant in menorrhagia occurring in persons of relaxed constitution. It entirely cured the disposition to excessive discharge at the periods.

*Secale* is, as might be supposed, a valuable agent in menorrhagia; it is indicated in the congestive form, when the menses are profuse, especially at the climacteric period,—in weak, cachectic, and exhausted individuals, with cold extremities, pale face, small pulse, and with apprehensiveness, and despondency. It should be used at a low attenuation.



*Sepia* is very serviceable when the menorrhagia accompanies induration of the os and cervix uteri, with transient shootings and spasmodic colic.

*Veratrum*, in cases in which menstruation occurs too early, is too profuse, and attended with diarrhœa; or more especially when buzzing in the ears, bleeding at the nose, pain in all the limbs, and great thirst prevail.

### MENSTRUAL CLIMACTERIC.

MENSTRUAL CLIMACTERIC, or the period of cessation of the menses, varies in different women from the age of 35 to that of between 60 and 70 years, but the average period is from 40 to 50. The event, which is called "the turn or change of life," is marked by a variable state of the catamenia as to quantity and frequency, for a longer or shorter period previous to their total cessation. It is sometimes effected in a few months, whilst in other instances, and more generally, it occupies two years or even longer.

At this critical period, women are apt to suffer, especially when a predisposition to disease exists, from derangements of the nervous, vascular, or digestive organs, owing to the altered condition of this one important function. Nervous irritation of the brain, or increased action with venous congestions of one or more of the important organs, takes place; morbid affections of the secretory functions of the liver, skin, and mucous membrane, and development of malignant action, are more likely to take place at this period, especially if there had previously existed any morbid condition of the uterus, or breast. It is important, therefore, that the earliest deviations from health, at this time, should be promptly submitted to medical care. When there is no tendency to local disease, it is very common for women, after the menses cease, to become corpulent, and sometimes they enjoy better health than formerly.

Swellings of the abdomen, sickness, loathing of food, palpitation, flutterings in the abdomen occur at this time, which are often mistaken for pregnancy. The patient, anxious, perhaps, for the first or the last time, to become a mother, and finding herself enlarged about the abdomen, at the same time that she passes over the periods without a return of the catamenia, imagines that she must be with child, and consults her accoucheur. She complains of a weightiness of the breasts, especially when she first rises in the morning; they are increased in volume and firmness, but there is no difference in the areola, nor is there any moisture from the glands surrounding the nipple; at times, however, these are somewhat enlarged; she has an obscure feeling of motion below the umbilicus, dependent upon flatulence; there is nausea—but not actual retching—on rising, from the existence of some dyspeptic symptoms, or she may possibly have bilious vomiting at times; she may complain of spitting of blood, an evidence of the congestion that has taken place in the lungs, on the arrest of the menstrual secretion. In such a case, it is highly important accurately to distinguish the symptoms present from those of pregnancy, so as not to be deceived by the often very accurate description which the fond imagination of the patient will trace.

In these cases of suspected pregnancy, *Nux vomica* or *Pulsatilla*, *Aconitum* or *Bryonia*, according to their several indications, will generally relieve the symptoms; and as these arise, most frequently, in women of more than ordinary susceptibility, a moderate dose of the middle or higher attenuations will be found to answer best. For this purpose one drop of the tincture of the 12th dilution may be added to a wineglassful of water, and one teaspoonful of this solution given at intervals of 6, 12, and 24 hours.

The commencement of the great “change or turn of life” is sometimes manifested by a febrile state of system, in which

there is a combination of the vascular and nervous irritation. The patient is affected with headache, of a hammering, beating character, with roarings or whistlings in the ears ; she is extremely sensitive to sound and light, has a quick pulse, and desires to sit away from her family for quiet ; she dwells upon nervous apprehensions and anxieties, everything is a care to her, she is frequently weeping without cause, and fretful or peevish and irritable, or pre-occupied with desponding ideas about herself ; there is vacillation of feelings and spirits, conjoined, perhaps, with dyspeptic symptoms. Constipation is often present ; some hysterical symptoms may occur, and the menses may be too frequent and in excess. In this state, during the prevalence of the increased vascular action, *Aconite* is the best remedy ; and in consequence of the extreme sensibility of the nervous system, all the medicines should be given at a medium or high attenuation ; aggravations frequently occur after the medicine. Stimulants must be rigidly avoided, as delirium or mania would readily be induced.

After *Aconite* has subdued the inflammatory irritation of the heart and arteries, *Ignatia*, *Pulsatilla*, or *Sepia* will be found useful, the latter especially, if there is any reason for supposing the existence of disease of the womb. *Chamomilla* is also useful in the earlier stage, as well as *Belladonna*.

In those instances in which nervous irritability or cerebral derangement occurs at the cessation of the menses, the most soothing and kind treatment should be adopted, abstinence from stimulating beverages enjoined, plenty of exercise in the open air, and some homœopathic remedy prescribed corresponding to the symptoms of the individual. In nervous subjects, alternate doses of *Aconite* and *Coffea*, with an occasional dose of *Ignatia* and *Pulsatilla*, are the most serviceable ; but of all medicines *Aconite* is the most soothing at the climacteric period, especially when the individual is

robust and plethoric, or if there be any evidence of local or general increased action.

If there be congestion of the head or abdomen, with fulness, tension, and pressure internally, attended with lumbar and sacral pains, *Belladonna* is the best remedy, in some cases followed by *Hepar sulph.*, and *Sulphur* when indicated.

If there be burning sensation in the head, bleeding at the nose, &c., *Crocus* should be given, the administration of *Carbo veg.* being subsequently adopted to complete the cure.

If there has been menorrhagia from congestion of the uterus, and great debility has resulted, which not unfrequently predisposes the patient to the development of Carcinoma, *China* should be given, followed by *Kreosotum*, or *Conium*, *Sepia*, and *Sulphur*.

If nervous faintness and exhaustion are present, a selection should be made, in conformity with the symptoms which occur, from amongst the subjoined medicines:—*Coffea*, *Valeriana*, *Veratr.*, *Viola odor.*, *Acon.*, *Nitri ac.*, *Sulphur*, and especially *Kali carb.* and *Moschus*.

If dyspeptic symptoms prevail, the administration of *Nux v.*, or *Puls.*, or *Bryon*, or *Podophyll.*, will be beneficial.

The falling off of the hair, when caused by the frequent congestions of the head, is best met by a few doses of *Lycopodium*.

*Lachesis* is also one of the most serviceable medicines at the climacteric period of women; when general disturbance of the excito-motory nerves exists, especially when constipation is distinguished as a prominent attendant symptom.

*Cocculus* is of use in spasmodic attacks in the hypogastrium, whether of the uterus or ovarium, with bilious vomiting or nausea.

*Ruta* is also recommended for the pains in the sacrum and os coccygis.



## HYSTERIA.

Hysteria is one of those anomalous diseases which it is very difficult to describe ; it assumes such varied forms, and simulates so many affections of the different organs of the body, as not unfrequently to deceive the practitioner by its close resemblance to them. This arises from one peculiar feature of the disease, consisting in a morbid sensibility of the terminal branches of the nerves, which depends upon some kind of irritation existing at their origin, the precise condition of which has hitherto escaped the researches of the pathologist. At one time it is distinguished as a single, distinct, unmistakeable paroxysm, or succession of paroxysms of a convulsive character ; at another it has a local and limited action, and appears so unconnected with other general symptoms, that any one inexperienced in close observation fails to detect its relations. It is almost peculiar to the female sex, although a few instances of it have been met with in men of an extremely irritable and susceptible organisation. It is essentially a disorder of the nervous system, characterised by extreme mobility of the nervous fibre, which seems to exist in a state of vibration, giving rise to irregular muscular action, morbid sensibility of the extremities of the nerves of sensation, as well as those of sense. The ganglionic and cerebro-spinal nerves are all implicated in the disease, but chiefly the latter ; and when this state exists, very slight exciting causes are adequate to the development of the whole series of morbid actions, whether the causes be emotional or otherwise.

The hysteric diathesis is characterised by general irritability, debility, and morbid sensibility to impressions, emotional and physical. Irritability has been described by Abernethy as "*little more than debility excited,*" which it is easy to

suppose would lead to vacillation and inconstancy of symptoms. Reflection on this proposition will be of great use in practice, and would have saved many of the mischievous consequences resulting from the use of the lancet.

The hysterical paroxysm is usually ushered in by a sensation of tightness, and distension in the abdomen, generally on the left side, which passes upwards like a ball, until by degrees it reaches the throat and impedes respiration, giving to the patient the idea of a globe or ball at the upper part of the œsophagus, obstructing the passage of the air, and producing sensations of choking and suffocation. The patient then sinks down, pale and exhausted, gasps and sobs, falls into a fit of crying or laughter, uttering occasional loud shrieks, something like the crowing of a cock or the barking of a dog, indicating a spasm of the muscles of respiration, with loud eructations of wind; she has convulsive movements of the limbs and trunk, during which she throws herself forcibly into a variety of attitudes, is restrained with great difficulty, loses her consciousness, becomes extatic, or has violent contractions of some of the muscles; after a while she becomes gradually restored, lying often for a long time in a tranquil, feeble state, interrupted only by deeply-drawn sighs; and then she either soon reassumes her accustomed habits, or goes off into repeated paroxysms. Hiccough is also a frequent and painful symptom. The fit is generally followed by the discharge of a quantity of limpid urine. These paroxysms are sometimes very severe, and exhibit such a periodical tendency as so closely to resemble true epilepsy, that it is often very difficult to distinguish in the diagnosis between the one and the other. It is, however, very rare for patients in the hysteric fit to bite the tongue and foam at the mouth, although a state of cerebral congestion is not unfrequently met with in connection with it. In epilepsy those symptoms are very common, there is a vacant look, and the fits are followed by a deep sleep. In hysteria,



moreover, a state of syncope occasionally occurs, which to all appearance is of an alarming nature. The heart beats feebly, the pulse is scarcely to be felt, the respiration is hardly perceptible, and a state of collapse takes place, in which life appears to be ebbing away. It is under these circumstances that persons have been laid out and supposed to be dead. Hysteria is in some degree associated with the uterine function, nevertheless some of the most aggravated instances have occurred, where there has been no irregularity of menstruation, and even after the decline of the function altogether. It is more frequently dependent upon a state of anæmia. One of the leading characteristics of hysteria is a morbid sensibility of the surface, which leads often to the belief, when circumscribed in its extent, that inflammation exists. In these cases, however, if the hand be approached gently and imperceptibly, there will be found toleration of firm pressure—if gradually applied,—although just before, perhaps, the patient had shrunk with alarm from the least contact.

It has been said that hysteria simulates the diseases of various organs; this applies more especially to the inflammatory and spasmodic conditions.

Dr. M. Hall, in his 'Memoirs on the Diseases and Derangements of the Nervous System,' has specified the different parts, which, from their dependence upon or immediate connection with the true spinal system of nerves, are liable to be secondarily affected in this multiform disease.

1. Those parts which are supplied with excito-motory filaments from the pneumo-gastric branch or its accessory, such as :—

- a. The pharynx,—producing dysphagia; globus hystericus;
- b. The larynx,—producing the irritation of croup, with apparently imminent suffocation;

*c.* The bronchial tubes and lungs,—inducing dyspnœa and cough ;

*d.* The cardia and stomach,—inducing hiccough, retching, vomiting, &c.

2. Those parts which are supplied from the posterior spinal nerves, such as :—

*a.* The general surface,—inducing spasms of the diaphragm, and of the intercostal and abdominal muscles ;

*b.* The sphincters of the anus, cervix vesicæ, and cervix uteri ;

*c.* The Fallopian tubes, uterus, &c. ;

*d.* The muscular system generally,—inducing trismus, tetanus, spasmodic contractions of the hands and feet, wry neck, &c.

Thus, according to Dr. M. Hall's explanatory table, a morbid condition of the incident nerves, produced by gastric, intestinal, or uterine irritation, will induce general hysteria, as well as other spasmodic diseases.

A morbid condition of the spinal marrow itself will produce convulsions, tetanus, trismus, &c.

A morbid condition of the reflex or motor nerves will produce spasms and contractions of the muscles, spasmodic tic, &c. “The rest relates to emotion, which is the greatest part of hysteria.”

A state of anæmia, or bloodlessness of the brain and spinal cord, is therefore a condition favorable to the development of the disease in its most aggravated form ; and any slight cause which operates to disturb the balance of the nervous system is capable of inducing an attack, in those who possess the hysterical diathesis :—such as a chill, exposure to wet or cold, which shall excite a catarrh, or an attack of bronchitis. Under these circumstances, when the system is so fully prepared for it, a *migratory* form of hysteria is not uncommon, and assumes a painful and aggravated character ; a sudden development of the disease is produced, and it transfers its

seat from one organ or set of organs to another, until it has spasmodically affected almost every muscle in the body, at one time paralysing the muscles of the throat and windpipe, at another producing rigid contraction of the extremities. When submitting this form of the disease to treatment, it is found that if one part be relieved, another soon becomes affected, until the constitutional irritability is removed by the slow process of improving nutrition and restoring the tone of the nervous system. For although it is absolutely necessary to apply the remedies most suitable to the particular symptoms of trismus, dysphagia, eclampsia, &c. &c., as they arise, still very little influence is exerted by such means over the general hysteric constitution, the local disorder being relieved without much impression being made upon the general health. It is therefore requisite so to arrange the administration of the remedies, that the permanent cure of the hysteric disease may not be lost sight of, the difficulty of which is greatly enhanced by the repeated attacks of the local spasms, which are induced by such trifling causes, emotional or physical, and which make it appear as though no advance was being effected in the eradication and fundamental cure of the disease.

By gradually restoring the general health, improving the functions of sanguification and assimilation, and removing, as far as possible, all exciting causes of disorder, while the local symptoms are relieved as they arise, it will be found that the attacks will become shorter and more distant as the strength improves, and the normal condition, as to quantity and quality of the blood, becomes re-established.

A remarkable instance of the migratory form of hysteria was lately to be seen in the London Homœopathic Hospital. A young girl of twenty years of age, exhibiting the anæmic and chlorotic condition of some months' standing, caught cold, and was received into the hospital suffering from pneu-

monia to a moderate extent. In two or three days this inflammatory attack was subdued; but the debility connected with it, superadded to her previous anæmic condition, so depressed her, that the debility was extreme, and her countenance ghastly. An explosion of hysteria then took place; there were spasmodic contractions of the muscles of the jaw, producing perfect trismus and dysphagia, which lasted many days at a time, eclamptic convulsions, rigid contractions of the arms and hands, first of one side, then of the other; which also endured many days at a time; excessive tenderness of the abdominal surface (simulating peritonitis), and of the uterine region; considerable distension of a portion of the colon, which, from its being thrown into a paralytic condition, allowed the air within to distend it in the form of a large globular body, which was excessively sensitive to the touch. At another time a violent, harsh, convulsive cough came on, and lasted for a day or two, then trismus returned, the hands being clenched, and the following symptoms also occurred:—loss of vision; opisthotonos; and paralytic condition of the rectum, which allowed of the accumulation of the fæces to an enormous extent, so that artificial aid was required to remove them. This was so effectually relieved, when it occurred a second time, by *Veratrum*, as to produce a perfectly natural action. During the persistence, however, of the inertia recti, the spasmodic attacks kept off; but when evacuations occurred, they returned immediately. The remedies applied (she was a patient of Dr. Quin's) produced considerable relief to the various spasmodic symptoms as they occurred, and in some instances operated with magical effect, but still the migratory character of the disease continued for a long time, shifting its side continually; and when she was beginning to walk about the ward, she was suddenly prostrated by a renewed attack. Nevertheless she was gradually being restored by a well-directed regimen and appropriate medicines; although, until her health and strength should



be sufficiently established to resist the operation of trifling disturbing causes, such attacks as have been described would reasonably have been expected to recur, from time to time, as circumstances occurred calculated to operate upon the constitutional susceptibility. Under the use of *Bell.*, *Verat.*, *Cupr.*, *Puls.*, *Nux v.*, *Ferr.*, *Coff.*, *Stramon.*, *Hyosc.*, *Ignat.*, and a few other intercurrent remedies, the intervals between the fits lengthened; and at the same time that the attacks became less frequent, she gained flesh by degrees until she finally recovered and left the hospital.

Hysteria is often imitative in its nature and origin, for it has happened, when other females have been in the same room or ward with a person who laboured under the disease in an intense form, that the recurrence of the fits has so agitated their nervous system, already rendered susceptible by illness, as to induce attacks of hysteric convulsion, in one after another successively, until some remedy was adopted which operated powerfully upon their minds, through fear. Boerhaave, as related by Dr. Quin, in his Lecture upon this subject, was once troubled by a number of patients in the hospital in this way. At length, finding that as management, medical or otherwise, had not the effect of putting a stop to it, he directed some stoves to be brought into the ward, and a number of irons to be made red hot. He then, with the utmost gravity, stated that as all other remedies had failed, there was only one which, although extremely painful, was always effectual, and that was the application of the red hot iron to the arm at the commencement of the attack, leaving directions for its immediate application to the first case that should occur. This had the desired effect, and the infection ceased.

Hysteria may occur during the course of other diseases; or in the stage of convalescence upon their subsidence; or during pregnancy, when it will occasionally lead to premature

delivery, or abortion ; or it may occur during the progress, or at the termination of the natural labour.

“ Sometimes the paroxysms set in without any known cause ; in other instances they are excited by emotion, cold, or dietetic transgressions ; sometimes they are not very severe, and recur every week or month ; as the patient grows older, the paroxysms become more frequent and more intense ;” when the hysteria occurs in persons of a full habit, they generally look healthy and well.

“ The mental phenomena are very characteristic. Hysterical females are capricious, their emotions and feelings are very changeable ; from deep grief they pass over to the liveliest mood ; they look for pity and sympathising attention ; they often affect to be sick in various ways ; their eyes are humid, and half closed ; their nerves sensitive, and their idiosyncrasies more strikingly developed.”

In these cases, a mental emotion is often the cause of the attack,—a disappointment,—or, the reaction upon a tender state of the ovary which is reflected upon the spinal column and its associated nerves. The patient being strong, full habited and florid, acquires immense power at this time, and can with difficulty be held even by three or four men. The hysterical fit becomes prolonged, and has repeated intermissions, until at length a succession of sobs indicates the termination of the attack.

*Treatment.*—When the hysterical fit occurs, the patient is to be laid in an easy posture, a free access of cool air is to be promoted, the clothes are to be loosened, so as to remove all girths from around the body and throat, the face is to be sprinkled with cold water, or the head may be held over the side of the bed with a pan beneath, and the water poured over it from a height.

The medical treatment of hysteria must necessarily vary as infinitely as do the forms assumed by the disease. The phenomena exhibited by this malady are so evanescent, that



it seems impossible positively to indicate certain remedies as appropriate for them. Nevertheless the nervous symptoms and the physical sufferings of the patient will point to some of the following.

#### FOR THE HYSTERIC FIT.

*Nux moschata*.—This medicine corresponds with paroxysms of spasm and debility ; or is appropriate when the following conditions occur :—fitful mood ; sudden change from “grave to gay, from lively to serene ;” excessive tendency to laughter ; vertigo, with reeling ; gradual rigidity and insensibility ; enormous distension after meals, with nervous irritation of the intestinal canal ; retarded catamenia preceded by pain in the small of the back, as if a transverse piece of wood would be pressed out, with headache, languor, cardialgia, water-brash, pain in the liver ; menstrual blood thick and dark ; vicarious leucorrhœa in place of the menses ; great languor on the least exertion.

*Belladonna* should be given in the congestive form, or when during the fit the face is red and turgid, the veins of the neck are swollen, &c., with other symptoms of determination of blood to the head, and spasms.

*Valeriana* is appropriate when the following symptoms prevail :—tremulousness, fearfulness, palpitation of the heart ; when the senses are morbidly affected, are too acute, and appreciate objects wrongly. A tickling deep in the throat with cough, accumulation of saliva, disposition to vomit, a feeling of something warm rising from the epigastric region, and arresting the breathing ; sensation as if a thread were hanging down the pharynx.

*Viola odorata* has been recommended, and is indicated in cases in which the following symptoms and conditions prevail : much weeping, without knowing why, nervousness, constant distress in the chest, painful dyspnœa, laboured

and painful breathing, with anxiety and palpitation. It may also be useful in the hysterical affection of the knee and wrist which is sometimes met with.

*Secale cornutum* is applicable to the treatment of those spasmodic convulsions which are dependent upon derangements of the uterine function; the convulsions are attended with changeful conditions of the mind and spirits, alternately laughing and crying; at times, great depression of spirits; despondency inducing thoughts of self-destruction; spasms of the bladder, retention of the urine, with violent efforts to urinate, &c.

*Aurum* is indicated when hysterical spasms occur, sometimes with tears and laughter; when morbid sensibility to pain, or religious melancholy, hypochondriacal humour, despair of oneself, oppression at the chest, almost to suffocation, &c., are the predominating features; a fine eruption around the lips or the face and forehead, is also an indication for this remedy.

*Pulsatilla* is suitable to females of a fearful disposition, or if there be silent melancholy; when the nervous paroxysms are connected with disordered menstruation, and there is a disposition to be easily moved to laughter and tears, alternately, with general nervous sensibility.

*Moschus* is suitable in that form of hysteria attended with syncope, when there is diminished irritability of the muscular and vascular systems; also when convulsions of the extremities are present; or spasmodic affections of the pneumogastric nerve; general indefinite pain of the whole body; nymphomania, great desire for brandy or beer; or when there is a general sensation of coldness.

*Conium* is indicated by weak conditions of the body accompanied by excessive irritability, spasms, trembling of the limbs; hysteric fit with chilliness; menstrual derangements,—suppression; induration of the os uteri; leucorrhœa of an acrid nature with uterine colic; hysteric asthma; and when

the patient is easily moved to tears, with anxiousness, headache, pulsation of the carotids, globus hystericus.

*Cocculus* has been given with success, by Hartmann, when the following symptoms and conditions prevailed: frequent irritable cough; choking constriction in the upper part of the fauces, with dyspnœa and irritation as if cough would set in; retarded menses, which afterwards appear with abdominal spasms, anguish, oppressed breathing, spasms in the chest, nausea even unto fainting, and jactitation of the limbs. A sense of dropping or tickling in the ear, or as the rushing of water, or the amphoric sound as produced by a shell placed against the ear, are also indications for its use.

*Ignatia* may be given with success during the fits of hysteria, occurring after previous anxiety, with shrieking for help and suffocative constriction of the throat, difficult deglutition, eructation like hiccough, spasms of the upper and lower limbs, with yawning and stretching, and termination of the fits with a deep sigh; dysmenorrhœa and scanty, delaying menses; globus hystericus; alternations of laughter and tears, &c.

In one of the severest attacks I ever saw, in a powerful girl, after spending an hour in attempting to break in upon the repeated convulsions, I prescribed a *segar* to be puffed into the face continuously, which entirely subdued the paroxysms and brought the attack to an end.

Various other medicines have been found useful in this fitful malady, among which are the following:—*Aconite*, *Aletris*, *Acid. Phos.*, *Cypripedium*, *Cimicifuga*, *Caulophyllum*, *Gelseminum*, *Hyoscyamus*, *Hydrastis*, *Helonias*, *Hedeoma*, *Nuxvomica*, *Senecio*, *Staphisagr.*, *Stramonium*.

These are more or less applicable to different stages of the disease, and will find their application to the temporary or prevalent symptom of the moment, but “to acquire and preserve an unfailing influence over the patient, and to

exercise a powerful moral controul is the great secret of successful treatment in the course of the disease, while change of air and scene, absence from home relations, and the application of every tonic appliance in the form of baths and frictions, will add much to the recovery of the patient."

#### PREDISPOSITION TO HYSTERIC FITS—HYSTERIC CONSTITUTION.

Amongst the medicines which are more adapted to the general hysteric disease, are the following:—

*Natrum mur.*—"The idiosyncrasies of patients," says Dr. Hartmann, "sometimes reveal the means by the employment of which the disease can be cured; I have frequently prescribed *Natr. mur.* with success, when the peculiar taste of the patient for salt was the principal curative indication." The symptoms to which it seems most applicable are:—"frequent recurrence of the paroxysms in the daytime; their speedy disappearance after the occurrence of sweat; sensation, as of a plug in the throat during and between the acts of deglutition; cadaverous paleness of the face, and general debility during the paroxysms; faintings; drawing sensation from the left shoulder to the head, with pressing in the temples as if the head would burst; pain in the brain, as if sore and bruised; constant nausea, desire to lie down, and chilliness with heat of the face; sensation, in different parts of the body, as if they had gone to sleep; vivid, fanciful dreams during a light sleep; somnambulistic rising and walking in the room; sadness, grief, whining mood, melancholy, irresolution, great absence of mind, sudden disappearance of the headache with nausea; clavus in the left side of the head; the menses delay, and decrease more and more."

*Calcareo carb.*—"When the hysteria approaches to epilepsy, and when the case is characterised by excess or too frequent



recurrence of the menses, with anæmiated countenance, great nausea and loathing; faintings occasionally, constrictive spasm of the œsophagus, &c.

*Asafœtida* corresponds more particularly with cases in which there is a morbid condition of the abdominal nerves, characterised by the globus hystericus; burning stitchings in the limbs at different points; restless, unrefreshing sleep, with frequent waking; nausea and fulness at the epigastrium, &c.

*Sepia*.—In persons of a sad, desponding disposition, easily excited, with sensation as of a lump in the throat; involuntary fits of laughter and weeping; sense of coldness between the shoulders, followed by coldness over the whole body, suffocative spasm in the chest for several minutes, with clonic convulsions of the right side, and twitching of the right leg and arm when held; tremor of the lower extremities; the nightly sleep is disturbed by attacks of anxiety; sudden fainting, with profuse sweats and undisturbed consciousness, without, however, being able to speak or stir, &c.

*Magnesia muriatica* is indicated when the patient readily takes cold, has frequent attacks of pain, as if bruised, throughout the whole body, fainting fits at table, with anxiety, nausea, pale face, photopsia (green and red colours), trembling of the whole body, relieved by eructations, uterine spasms, pain in the small of the back and leucorrhœa: these last symptoms become more violent as the menses diminish; they appear periodically, and the spasms finally extend down the thighs and upwards, involving the whole abdomen, causing the whole hardness of that part, &c.

*Nitri acidum*.—"Drawing sensation in the back, every day once or twice, changing to a griping in the sides, whence it passes along under the ribs to the pit of the stomach, where the patient experiences a twisting sensation, and feels relieved after eructations. This attack is most violent to-

wards evening, particularly when the weather is changeable ; the patient constantly complains of a feeling of illness and fainting, slight tremor through the whole body ; sad, whining, and melancholy mood. The globus hystericus, the several symptoms of abdominal hysteria, menstrual irregularities, spasms in the chest, &c., should likewise be present."

#### CEPHALALGIA HYSTERICA (HYSTERIC HEADACHE).

Headache, the pain usually occupying a part of the forehead, or one half of the head, or the top, as a violent, burning sensation, is a very common form of irregular hysteria. Sometimes the pain is periodical, and is relieved by a fit of vomiting.

*Aurum* is useful in cases of this kind when further characterised by dejection of spirits, disposition to suicide, pain over the forehead, tumult in the head, roaring in the ears, with extreme sensibility to every kind of pain, &c.

*Coffea* is more especially indicated when the hysteric sensitiveness coexists with general excitability, and the pain is as if a nail were driven into the side of the head. Menses in excess.

*Ignatia* is required for paroxysmal headache, as though a nail were pressed into the brain ; frequent change of feelings ; chagrin, &c.

*Platina* is appropriate for the treatment of violent, crampy pain in the anterior part of the head, at the root of nose, with heat and redness of the face, self-exalting and contemptuous feelings, or depression of spirits, whining, and fearfulness ; generally the menses in excess.

*Opium* is more especially indicated by stertorous breathing ; open mouth ; distorted, open eyes ; sopor.

*Antimonium cr.* is useful when there is irresistible drowsiness in the daytime and evening.

*Valeriana* is more especially indicated if the pain consists



of a sensation of pressure over the orbits, alternating with sticking pains.

*Belladonna* is appropriate in cases in which there is a periodical headache of a nervous character.

*Mercurius* is usefully administered for a tight, constrictive pain across the forehead, worse of an evening.

*Phosphorus* is indicated by nervous morning headaches, sometimes preceded by evening nausea.

*Hepar sulph.* is useful in megrim of females—a boring headache in the root of the nose—when a pain sets in at night, when moving the eyes, as if the forehead would be torn out.

*China* is indicated by pressive pain, sensitiveness to noise, sleeplessness, and hunger.

*Sulphur* is more especially useful when the headache is periodical, returning every eight days, of an aching, stupefying character.

*Chamomilla*, *Cicuta*, *Colocynth*, *Nux v.*, *Puls.*, *Sepia*, *Kali carb.*, are also, at times, of service in cases of hemicrania.

#### HYSTERICAL AFFECTION OF THE SPINAL MARROW—

Is characterised by extreme tenderness of one or more points along the vertebral column, with morbid sensibility of the cutaneous surface, &c. If the pain should be attended by spasmodic contractions of the muscles, cramps in the calves, &c., *Cimicifuga*, *Ipecac.*, *Cuprum*, or *Secale* may be useful.

If the pain should be attended with paralytic conditions, neuralgic affections of the thoracic and intercostal nerves, or of the nerves of the articulations, &c., *Dulcamara*, *Rhus tox.*, *Plumb.*, *Stannum*, *Squilla*, or *Puls.*, *Ign.*, *Arsen.*, *Mosch.*, *Caust.*, and *Cicuta*.

*Hysteria laryngea*.—This variety chiefly requires *Acon.*, *Spong.*, *Hepar*. In cases in which the voice is low and lisping, with occasional want of voice, *Bellad.*, *Phosph.*, *Plat.*,

*Ignat., Angust., Spong., Puls., Ant. cr.* may be enumerated as the medicines from which an appropriate selection shall be made.

*Hysteria dysphagia*—principally requires *Ignat., Bellad., Hyoscyam., &c.*

*Hysteria pulmonalis*—(including hysteric asthma, palpitation, syncope, &c.) principally calls for *Nux v., Ars., Sulph., Lobelia, Ipec., Moschus, Sambuc., Acon., Bell., Cham., Coff., Ign., Puls., Stram., Con., Cup., Lach., Phos., Stann., Sulph.*

If there be a want of animal heat, with whining disposition, *Puls.* or *Veratr.*

*Hysteria vesicalis*—principally requires a selection from :—*Canth., Merc., Hepar, Bell., China, Mezer., Coloc., Zincum,* if there be burning pains, and from :—*Zincum, Lyc., Canth., Dulc., Sulph. ac.,* if there be stitching pains in the region of the kidneys.

*Hysteria muscularis.*—When the convulsions bear a resemblance to Tetanus, and affect the muscular system, producing symptoms of lock-jaw, or other forms of tetanic rigidity, contractions of single members, &c., the most suitable remedies to select from are :—*Cuprum, Aur., Bry., Acon., Angust., Bell., Hyoscy., Ign., Lach., Laur., N. vom., Plumb., Rhus, Sec., Stramon., Verat.,* or *Camph., Cham., Ipec., Mosch., Op., Plat., Caust., Cocc., Cic., &c.*

#### HYSTERIC STATES OF THE MIND.

Sometimes the patients are affected with peculiar modes of speech during the fits, which may distinguish a remedy from amongst the following :—

For loquacity, *Ars., Bell., Hepar s.*

For a difficulty of speech, either from want of words or voice, *Cannabis, Bell., Phosph.*

For a feeble, imperceptible, heavy, stuttering speech, *Secale.*

For difficulty of speech, with jerks of the head and arms when uttering words, *Cicuta virosa*, *Hyoscy.*

A melancholy mood in hysteric females requires, according to the characteristic symptoms, either *Veratr.*, *Hyosc.*, *Stram.*, *Bell.*, *Helleb.*, *Anacard.*, *Opium*, *Aur.*, or *Plat.*

Nymphomania, which sometimes occurs in this anomalous disorder of perverted actions, may be relieved by *Platina*, *Bell.*, *Chin.*, *Veratr.*, *Zinc.*, or *Gratiola*, *Con.*, *Anac.*, *Staph.*, *Aur.*, *Thuja*, *Merc.*, *Ign.*, *Nux v.*, *Hyosc.*, &c.

In connection with this part of the subject, a form of mania may be noticed, dependent, frequently, upon a disordered condition of the menses; but as it is not always associated with *suppression*, it may be described under the head of—

#### HYSTERICAL MANIA.

Perhaps the more proper term for this peculiar derangement of the nervous system would be *menstrual* mania; but inasmuch as hysteria seldom exists with a normal state of menstruation, it partakes somewhat of its character in this, as well as in the presence of other hysterical symptoms. I have found it to occur in the single and in the married: when in the latter, generally in the absence of child-bearing; when in the former, connected with a peculiar state of mental constitution. Its characteristic features are that it is seldom permanent, but is apt to recur under similar conditions of the bodily organs. Usually there is irregular, scanty, or else suppressed menstruation; but they may be too frequent and in excess. The mind is low and desponding, with a disposition to suicide or weeping; in some cases the humour is taciturn, or in other instances loquacious. The patient imagines people are talking loud into her ear, over her shoulder; she looks sullen and suspicious, and flushed; and these symptoms are associated with headache and fits of syncope; the pulse is quick, and the feet are usually cold;

she has perhaps been getting corpulent ; is troubled with flatulence, to a great extent, and globus hystericus ; or complains of heavy weight in the loins, and of constipation. Stimulants aggravate the symptoms. The remedies most applicable to the treatment of cases of this nature are :—*Aconit.*, *Bell.*, *Aurum.*, *Nux v.*, *Puls.*, *Hyosc.*, *Ign.*, *Lach.*, &c.

### HYSTERALGIA ; OR, IRRITABLE UTERUS.

Hysteralgia consists in a morbidly irritable state of the uterus, which is painful and tender to the touch,—either at the os and cervix, or, when the body of the organ is pressed at any part of its circumference,—independently of inflammation. It is usually unaccompanied by any functional or structural change ; but the augmented sensibility, which is its characteristic feature, has been supposed, of late, occasionally to result in induration and ulceration of the cervix, although this has not been proved by a conclusive assemblage of facts. It is an extremely obstinate affection, and will exist for many years, the patient being rendered nervous, thin, and irritable, abounding in complaints, and, more frequently than not, confined to the sofa, and incapable of any exertion without an aggravation of suffering. Perhaps the most proper nomenclature of the disease would be, that of local Hysteria, or Neuralgia of the womb ; but it is not always attended with general hysterical phenomena.

The symptoms which distinguish the disease are :—pain, referrible to the pelvis, with aching, dragging sensations in the back ; or a tight feeling in the hypogastrium, from hip to hip, as of a cord stretched across the pelvis at the brim, extending to the groins, at times down the thighs, and often to the foot on one side. The pelvic and sacral pain is more or less constant, though worse during the monthly period ; in symple Dysmenorrhœa, however, it is only urgent at that time. The pain is aggravated by movement, and relieved by



the recumbent posture, but is never altogether absent, and occurs in paroxysms of more or less severity. Sitting is sometimes painful; and the vibration, caused by riding in a carriage over a rough road, or by any other jar, occasions great suffering, which lasts for hours. The bowels are sometimes affected by it, being irritable, with frequent motions, especially on first rising of a morning; or, if constipated, pain is felt on evacuation taking place; spasms, apparently in the terminal bowels, but, in reality, in the womb, are apt to occur immediately after a motion; and there is frequent desire to pass water, which is sometimes prevented by spasmodic stricture at the neck of the bladder. There is usually some prolapse of the organ; and sometimes the os uteri—rather tumid, short, and expanded,—is found to rest against the recto-vaginal septum, or even upon the perinæum, which will account for much of the irritability,—especially of that connected with the terminal bowel, or of that which results from vibratory movement.

The os and cervix uteri are found free from morbid vascularity, the cervical canal being generally normal, and not admitting the uterine sound through the coarctation at the ostium internum into the cavity of the womb; a glairy mucus exudes from the uterine orifice,—which is simply an excess of the ordinary secretion from the cavity of the womb,—and leucorrhœa may be present. Pressure against the walls of the uterus gives much pain, at one part, perhaps, more than at another. The pain, which is induced by an examination, often lasts for hours. The vaginal parietes are sometimes inflamed and tender. In addition to these local symptoms, those of indigestion supervene,—the appetite fails, and manifestations, such as the following, ensue: nausea, retching, distracting nervous headache, thirst, flatulent distension, irregular bowels, irritability of temper, great depression of spirits, and restless sleep, with vivid, fanciful, or horrid dreams. Thus the patient passes her time in almost

constant pain, having occasional febrile symptoms super-added.

*Causes.*—Over exertion during the menstrual period, either from walking, dancing, or standing too long—moving about prematurely after delivery or miscarriage—violent concussion of the body, or the vibration caused by riding over a roughly paved road—the application of cold to the uterine region, or any sudden arrest of the menstrual functions, etc.

The causes appear to be capable of inducing the affection in very sensitive individuals, particularly in those who are subject to Dysmenorrhœa ; and this complaint may influence the pregnant state, during the earlier months of which, great suffering from sickness and faintings may ensue from contact, and from the motion of the child, which causes sharp, darting pains, which are very distressing.

*Prognosis.*—The oft-observed fact, that this affection may last for years, without any appearance of organic disease, affords the best ground for anticipating its favourable termination sooner or later. It is evidently a deranged condition of the nerves which supply the uterus, and can scarcely be called either a functional, or a structural disease of the organ itself ; although, for convenience, it must be ranked amongst the former.

Relapses are common after a period of presumed recovery, and may at any time be occasioned by imprudent, or excessive exercise. It occurs amongst single, as well as amongst married women, and generally ceases at the decline of the catamenia. There is likewise a form of Hysteralgia which occurs after labour, and which depends upon some sudden malposition of the uterus taking place after the expulsion of the placenta, and which occasions spasm of the organ, and exhibits features resembling those which characterise metritis ; but the absence of inflammation soon becomes evident, and establishes the distinction. The same state may also occur during the earlier months of pregnancy, in consequence



of exposure to some of the exciting causes. It is marked by severe pain in the lower part of the back and abdomen, sickness, faintness, frequent and feeble pulse, and is sometimes accompanied by discharges, or succeeded by the expulsion of a coagulum, but there is seldom shivering. If there is any displacement of the organ, the first thing to be done is, of course, to replace it *in situ proprio*.

*Treatment.*—When the state above described, as in connection with pregnancy, occurs, *Arnic.*, *Cham.*, *Nux v.*, *Puls.*, and *Cocc.*, or *Nitr. ac.*, are the remedies which will be found the most serviceable.

For the general treatment of the disease, independently of that condition, recourse may be had to some of the following:—*Cocc.*, *Con.*, *Ignat.*, *Magn. m.*, or *Bell.*, *Bry.*, *Cham.*, *Caut.*, *Hyosc.*, *Natr. m.*, *Sodæ Chlor.*, *Nux v.*, *Nux mos.*, *Plat.*, *Sep.*, *Stann.*

The reader may also refer to the remedies mentioned under the head of *Dysmenorrhœa*, with which it is so often associated.

In some cases great relief has been obtained from the use of a small, box-wood, pawn-shaped pessary, with a cup-shaped top to receive the os uteri. The support which it affords to the generally prolapsed organ, takes off the pressure from the rectum, and removes the dragging pain in the back.

“There are likewise other affections of the external organs, the details of which are more suited for an elaborate work, such as nymphomania, inflammations, cutaneous affections, tumour, varices, hernia, neuralgia, parasites, syphilis, condylomata, syccosis, there are also encysted and serous tumours of the vulva, œdema, erectile tumours, polypi, ulcers, cancer, bloody or oozing tumours, varicose veins.”

PART II.

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PREGNANCY, PARTURITION, AND  
THE PUERPERAL STATE.

PREGNANCY, a function indispensable for the preservation of the species, is, in the uncivilised state of the human race,<sup>1</sup> no doubt, free from most of the maladies of which we shall have to speak. In the unfettered exercise of the bodily organs, without the restraint of habits and dress which civilised society entails upon its members, the various functions of the body pursue a tolerably harmonious course, and derangements which, in the one case, demand the watchful care of the physician, are, in the other, rectified by the inherent vigour of the vital energy alone, the tendency of whose actions is conservative of health.

In the latter instance, pregnancy is a natural function,

<sup>1</sup> In proportion as the method of living, or, to use the common expression, as the *habits* approximate more closely to the aboriginal conditions, or the state of nature, the function of pregnancy, like those, perhaps also, of digestion, exhibits more distinctly than any other, by comparison, the mischiefs which are incidental to artificial methods of living. This distinction is already strikingly evinced in the comparison between the pregnant female amongst the peasantry, and the same conditions of the sex under the more artificial circumstances of life. Among the rustic population, even of highly civilised countries, it is no uncommon occurrence for women to pass almost immediately from the vigorous, and, apparently, easy exercise of severe manual toil, to a regular, safe, and speedy delivery; whilst it is no more uncommon for females, under other conditions, to be ailing (if not worse) during the greater portion or the entire course of the period of utero-gestation.

whose course interferes little with the general health ; but in the former the contrary might be supposed to be the case, since we find it more or less resembling a disease,—the ordinary functions of the body becoming morbidly affected and disturbed, in consequence of the changes which take place during the progress of utero-gestation. Whether this arises from the amount of innervation or nervous influence, which is directed to the uterus at this time, in correspondence with the recent development of that organ, for the purpose of sustaining the vitality of the ovum, and which deprives the other parts of the animal economy of the normal supply which is requisite for the perfect exercise of their functions,—or whether it depends upon a general excitation of the nervous system produced by those changes, we do find that, in weak and delicate individuals, the power of resistance to morbid impressions, and of adaptation to adverse influences, is impaired, whilst, in many persons of great nervous energy, or in whom the activity of the nervous function is vigorous, there is an increase of health during the same period.

The presence of a newly awakened but natural process, appears, in this case, to act upon the periphery of the nerves in a morbid constitution, precisely in the same manner in which a morbid process would act upon the sentient extremities of the nerves in a healthy organism. It produces functional derangements in remote organs, and interferes with the ordinary condition of health. It is not surprising, therefore, that any chronic disease which existed prior to the occurrence of pregnancy should be aggravated during its progress.

It becomes, then, the duty of the physician to lay down such rules of management as shall tend to diminish these evils, and thereby to add not only to the comfort of the mother during pregnancy, but materially to aid the healthy and vigorous development of the offspring.

When it is considered how great an influence the moral and physical temperament of the mother exercises upon the organisation of the child :—how passing events, if crowding with intensity on the mind of the one, have been followed by kindred impressions, developed in the evolving organisation of the other :—how the growth of the new being is impaired, interrupted, or arrested by whatever violently impairs, interrupts, or arrests the elimination of nervous fluid in the parent :—how hereditary disease often searches every atom and fibril of the minute being whose simple elements have just received the first impulse of vitality :—how morbid affections, or morbid habits, occurring during the period of utero-gestation, often become attached and convey their characteristic impression to the foetal organs, as is witnessed in the convulsions to which those children are liable whose parents have been addicted to stimulating drinks, in the insanity which frequently follows mental perturbations,—the syphilitic and scrofulous taint,—and the small-pox which attacks the infant in the womb :—when, moreover, we observe how often malformations and deformities of the foetus are connected with certain mental shocks, which have been experienced by the mother, at some early period of her pregnancy, and which were at the time associated with special physical sensations, such as a constriction of the cutaneous surface, commonly called *goose-flesh*, and a feeling of horror or disgust at the object which created the impression,—it demands the utmost caution on the part of the mother to avoid all exciting emotions, and all disgusting objects, as much as possible, and to adopt every means, by frequent and regular exercise, in the open air, of invigorating the system, and of thus rendering it less liable to be affected by currents of feeling. For although the relation between cause and effect, in these instances, cannot be proved by positive demonstration, the coincidences are sufficiently frequent and clear to arrest our attention, and to call for con-



tinued observation of correlative facts. In this, as in many other instances, the popular belief is, probably, not far from the truth,—that there is a connection between powerful mental impressions produced during pregnancy, and the interruptions of foetal development, which are observed at birth.

These are results or consequences of what we may term involuntary causes, but there are other effects which may be less prominent,—being certainly not so alarming,—although they are scarcely less important to the moral development of the being which is destined to be a source either of comfort or of anxiety to the parent. They are such as depend upon the due and vigorous control of the Will.

The influence of a watchful, determined, and elevated exercise of the Will, on the part of the mother, is potent to the accomplishment of more benefit than is usually supposed.

The bodily organs are more or less affected by the mode in which they are acted upon, by means of the aliment which feeds the circulation. Habits of living may so modify their conditions as to create permanent alterations in their sensibility, tendency to disease, or actual organic structure; and the extent to which these structural changes may become permanent cannot be foretold; but, for aught we know, the first serious impression which thus occurs in the economy of an individual through the careless persistence in injurious habits, may be the first impulse to the formation of hereditary disease in one or more particular organs, which, receiving a renewal of the same exciting cause, in each successive generation, ultimately becomes indelibly fixed, and assumes a constitutional and permanent character.

So is it with the mental faculties;—what the morbid influence of unwholesome or too stimulating aliment is to the body, the repeated excitement of the passions is to the mind.

Every one knows that, by a continual yielding to the slightest impulses of feeling,—as of grief, joy, love, hatred, avarice, ambition, anger, &c.,—the power of resistance is diminished, the mastery of the Will is impaired, and the habit more firmly established ; the emotions, as they become less transient, are more fixed, and form part of the characteristics of the individual.

The molecular change, which silently goes on in the organisation of the brain under these circumstances, it is true, cannot be traced ; but since we find insanity, which is a more complete and decided subversion of the mental faculties, to be hereditary, is it not probable that the gradual, though at first, imperceptible operation of emotions or passions uncontrolled by the exercise of volition, may be the first link in that mysterious chain of sequences, which eventuates in hereditary disease ?

Habits, or trains of thought, are the silent streams which supply the nourishment either of good or evil to the mental faculties, and whose perpetual tide modifies and arranges the permanent characteristics, in a manner analogous to that in which the elementary constituents of the food, circulating in the blood, influence the bodily organs, and produce a temporary or permanent bias. Just as, in early life, the habit of regulating the emotions and sentiments determines the future character—so, in after life, does the same discipline exercise its influence over the character of the offspring. The irritable nerve, that frets at every emotion or contradiction, becomes, in time, permanently deranged ; and thus the simplest infirmities of the mind, equally with those of the body, may, at first, be merely incidental and temporary ; or, they may become periodical or recurrent, and at last constitutional and permanent. Who can say at what precise stage these may lapse into insanity, or become constitutionally impressed upon the organisation ?—For as it has been so beautifully expressed by Abercrombie :—“ The first volition by



which the mind consciously wanders from truth, or the moral feelings go astray from virtue, may impart a morbid influence which shall perpetuate itself, and gain strength in future volitions, until the result shall be to poison the whole intellectual and moral systems."

Such permanent influences cannot fail to be revived and perpetuated in the character of the offspring. When a woman finds, during pregnancy, that any morbid feelings, to which she was liable, become exaggerated—that her mind becomes unstable or fickle—that trifles disturb her—and that she is irritable and easily vexed, her sensations being morbidly affected;—that she is oppressed with care, without any additional causes of grief or anxiety—that her senses are unnaturally acute—her limbs beset with languor and malaise—and that there is a general disposition to yield to self-indulgence, which is, perhaps, augmented by the ordinary sympathies and cares of those about her;—*then* it is her duty to reflect calmly upon her condition—to examine her feelings—to seek a higher consolation, and to fortify herself by the consideration, that the present is but a temporary condition, and, by arousing her moral energies, to provide that her will shall control every symptom of irritability or annoyance which may, from time to time, disturb her. By this effort she will acquire that mastery over herself, which will not only give peace and comfort to her household, but will indelibly fix its impress in the nervous organisation of her offspring.

#### HYGIENIC RULES TO BE OBSERVED DURING PREGNANCY.

From the earliest period at which a woman may have reasonable grounds for believing herself to be pregnant, either in the presence of such symptoms as indicate pregnancy, or in the suspension of such other symptoms as

are usually manifested from time to time, in the absence of that condition, she ought to divest herself of every part of her dress which exerts any compression upon the abdomen, and should exchange the usual firm, resisting stays, for others made with elastic webbing, with a thin yielding busk, and whale-bone merely at the back. The evils which may result, both to the mother and child, from the tightening of the waist during pregnancy, are incalculable; and amongst such consequences the following may be enumerated:—miscarriage, diseases of the womb, heart, lungs, and brain; varicose veins; false positions, which render the confinement afterwards so dangerous; hydrocephalus of the infant, &c. All these derangements may be produced by an interference with the free circulation of the blood of the *vena portæ*, and of the large arterial and venous trunks of the abdomen, by the habitual compression of the ordinary description of stays. For the same reasons, the patient should wear easy, loose clothing, which in no wise restrains the expansive movements of the abdomen, and which, moreover, is adapted to the season of the year.

The necessity of furnishing subsistence to the new life which is being developed in the womb, demands, on the part of the mother, a substantial diet, which is nourishing, and easy of digestion; since, owing to the sympathies which exist between the stomach and the uterus, the pressure and restraint which the digestive organs experience, by the vast increase of volume acquired by the womb, alter the relative position of these organs and impair their power, whereby digestion is often rendered slow and painful. Boiled or roasted meats, farinaceous vegetables, and the fruits of the season, perfectly ripe, in proper quantities, will constitute the best aliments, and pure water the best drink. Spices, wine, and above all, coffee, green, and sometimes even black tea, must be rigorously proscribed. The nervous sensibility is so exalted in pregnant women, that these substances are even

more injurious in that state, than under ordinary circumstances.

It is well to guard against the allowance of unwholesome articles of diet to women so situated, under the impression that their peculiar cravings, or longings, should be satisfied. On the other hand, it is better not to refuse things which are longed for, provided they be not directly hurtful to the mother or child.

Sufficient exercise in the open air is also very necessary during pregnancy; and walking (short of great fatigue) is the best. It contributes to strengthen the constitution, to preserve health, and tends very much more towards an easy labour, than the baths sometimes prescribed.

Baths should only be had recourse to for the cleanliness and comfort of the skin; but when too prolonged, or repeated too often, they induce debility, and are, consequently, hurtful to pregnant women.

It would be an offence to the intelligence and to the humanity of my readers, were I to adduce reasons against the bloodlettings heretofore recommended during the middle period of pregnancy. To bleed a woman who is pregnant is a double sin, since it is often productive of injurious consequences both to the mother and to the child.

Pregnancy operates in a sensible manner upon the moral temperament of a woman, who becomes, in consequence, very susceptible of impressions; the imagination is more vivid; and she is more subject to alarm. It is important, therefore, that she should avoid all violent emotion, as well of pleasure as of pain; that she should repress inordinate curiosity,—often so aggravated during this state,—especially when bearing upon subjects which may make too vivid an impression, such as the exhibition of wild animals, of feats of strength, &c., since they may be productive of as much injury to the mother as to the infant. For the same reason she should be guarded from the sight of monstrous objects, and serious wounds,

as well as from the relation of terrible or alarming events.

Observation of the law of nature points to the negative in respect of the propriety of connubial intercourse during utero-gestation ; physiology also supports the opinion, and experience has demonstrated, that infractions of this rule are often followed by grave accidents, such as hæmorrhages and miscarriages ; the contrary is, however, observed daily. We can only reply that wise nature is stronger to preserve than our passions to destroy ; and the counsel is none the less essential which enjoins great caution, especially when the woman is of a highly nervous and susceptible temperament, and is subject to leucorrhœa, or to menstruation which is profuse, too frequent, or too prolonged, or when there is a tendency to miscarriage.

### DISORDERS OF PREGNANCY.

The extensive sympathetic relations which exist between the uterus and the other parts of the animal economy, give rise to the various disorders which occur from the first moment of pregnancy up to the period of delivery, and which are dependent upon that state. These effects vary, both in degree and in the nature and combination of the symptoms, according to the constitution of the woman and the natural or acquired irritability and sensibility of different organs. In a few cases, a salutary change is produced on the whole system, so that the person enjoys better health during pregnancy than at other times. But, in most instances, troublesome or inconvenient symptoms are excited, which are called the disorders of pregnancy ; and which, in some women, proceed so far as not only to deprive them of all enjoyment and comfort, but even to produce considerable fear for their safety.

The uterus, which was almost a passive organ, performing



a simple periodical function, to assist in preserving the general health and its own powers, acquires, after conception, an entirely new life; and such a development in all its tissues, as well as in its vital action, that it becomes the centre of most important operations and sympathies, and draws, as it were, the whole economy within its sphere. Nevertheless, in the normal state, the whole of that immense revolution in the female organism ought to be accomplished without any troubles, and without entailing a necessity for artificial and remedial interference. It too often happens, however, that this change of condition in the uterus is not effected without very severe sufferings in the organ itself, or in other organs or systems which possess the greatest amount of sympathy with it, such as the digestive apparatus, the respiratory, the circulatory, the cerebro-spinal, and ganglionic.

#### DISTURBANCE CONSEQUENT UPON INCIPIENT PREGNANCY.

During the first weeks, or even the first days of pregnancy, a woman may experience morbid feelings, produced by the afflux of blood to the uterus, and the resistance which the fibres of this organ oppose to the development necessary for its new function: she is sensible of a weight in the lower portion of the belly, behind the pubes, and of a painful sense of tension, often very severe, in that region; frequent calls to pass water; lassitude in the limbs, anxiety, palpitations, and a change in the moral state. The allopathic system has only the direful resources of the lancet and the relaxing action of warm baths to oppose to these sufferings; as if the action of warm water *could* relax the tissue of the living uterus, in the same manner as when that organ is subjected to maceration after being removed from the dead body; or, as if bloodletting could withdraw the blood from its course to the uterus, whither it tends more abundantly for the

accomplishment of the function of perfecting the growth of the new being which is being developed in its interior. The absurdities of such theories must be too apparent to need further comment. Hippocrates has said that women who bleed at the nose abort ; and, from want of a better remedy, it has been advised to draw a considerable quantity of blood from a pregnant woman, without considering the necessary consequences which that abstraction of blood would entail upon the embryo, which exists and is nourished only by the blood of the mother ! If bleeding be a *fault* in all diseases, and under all circumstances, it is a *crime* in disorders which result from pregnancy, because in these it tends to the destruction of the infant. We must therefore submit an imperative and invariable objection (and one which is subject to no reservation) to bloodletting, as an appliance in the medical treatment of diseases of pregnant women ; and, *à fortiori*, under the conditions above mentioned, in which nature unassisted is ordinarily adequate to perform the cure.

This derangement, associated with incipient pregnancy, may, however, be characterised by symptoms of a more severe or even urgent description ; and in such instances may terminate in a miscarriage, if not properly treated. The observance of a simple regimen, as described in the hygienic rules, suffices ordinarily to avert that accident ; if, however, the morbid symptoms continue, we have a very efficacious remedy in the following :—

*Nux vom.*, 30.

Three globules, to be dissolved in six teaspoonfuls of water, and one teaspoonful of the solution taken every night.\*

\* When the administration of medicines thus dissolved extends over a period of more than two days (that is, when the solution would require to be preserved for such a time), four drops of proof spirit should be added to this quantity of water. In very hot or changeable



If the patient be of a lymphatic temperament, delicate, and with a pale, white complexion, of a very gentle and timid disposition,

*Pulsatilla*, 30,

may be given in preference to *Nux vomica*.

*Belladonna*, 30,

will be advisable if there should at the same time be redness and heat of the face, with a determination of blood to the head.

#### FEBRILE ACTION.

Soon after the commencement of pregnancy, we often find that a moderate degree of fever is manifested by the increased heat of skin, especially of an evening; a quickened pulse; heat above the entrance to the vagina, with increased desire to pass water; a white tongue and thirst. In the latter months of pregnancy this febrile state is often very troublesome; the pulse is permanently accelerated, but more so towards night; the skin is hot, and the woman restless; she cannot sleep, but tosses about till day-break, when she procures some short, unrefreshing slumber, occasionally accompanied with a partial perspiration. In the morning the febrile symptoms are found to have subsided, but in the afternoon they return, and the following night is spent alike uncomfortably. There is usually more emaciation than happens in pregnancy under different circumstances; and although this state will sometimes last throughout the whole period, it is astonishing how well the strength is kept up, in

weather, this precaution should be observed with medicines kept in aqueous solution twenty-four hours. Another and preferable method, however, is, perhaps, to assume the above prescription as that conveying the requisite *proportions*, and to prepare a *fresh* solution thus every twenty-four hours.

spite of the want of rest, and of the general uneasiness, which results apparently from the morbid increment of heat, especially about the organs of generation. This condition is best met by the administration of—

*Aconitum*, 30.

Three globules, to be dissolved in six teaspoonfuls of water, one to be taken every night,\* in the milder cases, or every six hours in the more severe. This may be followed, if necessary, by *Pulsatilla* prescribed in the same manner.

These remedies will be found far more advantageous than the bleedings, and purgatives with saline medicines, usually prescribed by physicians of the old school.

SICKNESS.

Vomiting is one of the earliest indications of pregnancy; and, with an occasional exception, troubles all women, more or less; it most commonly happens on first rising in the morning, although with some it does not occur until the afternoon. There is a sense of nausea, with inclination to vomit, which generally continues until the period of quickening, after which it decreases or goes off; but sometimes it remains during the whole period of gestation. In the earlier weeks this nausea passes off on eating; but as pregnancy advances it continues after and even during the repast; this is followed by efforts to vomit, and then by vomiting of glairy fluid, with or without effort, and even by vomiting of the food itself, especially after breakfast. For the relief of these symptoms, which render pregnancy so painful to many women, *Nux vomica* offers in the assemblage of its primary symptoms a certain indication: we therefore prescribe—

\* Refer to the note respecting doses at p. 98.

*Nux vomica*, 30.

Three globules, to be dissolved in a wine-glass of water; a teaspoonful to be taken two or three times a day.

The relief afforded by this is often so great and immediate that the patient will go through the remainder of her pregnancy without much inconvenience.

*Pulsatilla* may be given in the same way in some instances, where the disposition of the individual is particularly mild and gentle.

When the vomitings are almost continual, so that even the food is in a great measure rejected, and bile, pure or mixed with glairy mucus, is expelled, we give—

*Ipecacuanha*, 6.

Three globules, dissolved in three teaspoonfuls of water, one to be taken three times a day until relief is obtained.

*Lobelia inflata*, 30, may be given in the same manner if not relieved.

In some very rare cases the vomitings resist these medicines; we then administer—

*Sepia*, 30.

Three globules, in eight teaspoonfuls of water, one to be taken every morning, especially if there occur, in the vomitings, a milky mucus, and if the patient be of a sad disposition; or if she had been subject to megrim, or to any derangement of the uterus. In the latter case, recourse may be had also to—

*Conium*,

in the same manner. This medicine succeeded very well with a lady whose case is reported by Dr. Croserio, and who was almost cured of a scirrhus state of the neck of the

womb after eighteen months of treatment, when she became *enceinte*. During her former pregnancies she continued to vomit throughout the whole period, in spite or by reason of the four or six bleedings which allopathic treatment had inflicted upon her. *Nux vomica* and *Ipecac.* had only allayed the symptoms for a time, when a dose of *Conium* completely relieved them.

*Arsenicum*, 30,

is appropriate for excessive vomiting after food, with attacks of fainting, great debility, and emaciation.

*Natr. mur.*, 30,

is sometimes successful in cases which are very obstinate and do not yield to the above, especially when a great flow of limpid mucus is regurgitated, or constantly running from the mouth, as if the patient were salivated, with crampy pain at the pit of the stomach, and tenderness; acidity; loss of taste and appetite.

*Aconitum*, 30,

is useful when the subjoined symptoms prevail:—thirst, with disinclination for food; dryness of the mouth and tongue; ptialism, with stitches in the tongue; vomiting, with nausea, thirst, heat and perspiration, and incontinence of urine; scraping sensation up the throat, and rising of sweetish water into the mouth; heartburn; vomitings of mucus, or of grey, watery liquid, or of bitter, greenish bile. It is adapted to sanguine and plethoric subjects; and if the symptoms have been aggravated by chagrin or fright.

*Ferrum*, 12,

is more especially appropriate for morning vomiting of water and mucus—renewed after eating—sour and acrid vomiting;



## CRAVINGS OR LONGINGS.

It is not uncommon during gestation for the woman to have a strong desire to eat things which are hurtful in themselves, or for which, even, under other circumstances she almost entertains a repugnance. As before remarked, it is not necessary, from fear of any morbid influence upon the child, to sanction the use of articles of food which are positively injurious ; on the other hand, where the desire is for any article of diet, it may safely be accorded. In most of these fantastic tastes, *Sulphur* is the best remedy ; however, if there is an excessive desire for vinegar, *Arnica* should be given ; if for chalk or plaster, *Acid. nitric.* ; if for brandy, *Arsenic.*, *Pulsat.*, *Sulphur.*, *Lachesis* ; if for coal, cinders, &c., *Cocculus* ; or if for common salt, *Carba veget.*

## SPASMS OF THE STOMACH.

Towards the end of the period of pregnancy, women are apt to suffer from spasm in different parts of the abdomen, or in the flank, or at a point below the false ribs.

*Nux vomica*, 30,

given as before recommended, generally succeeds in dispersing the pains in a few days. If the patient is of a lymphatic temperament, *Pulsatilla* is to be preferred.

## CONSTIPATION.

Constipation is almost a natural consequence of pregnancy ; but is more especially obnoxious to women who live in towns and lead a sedentary life. Although constipation is less injurious on the whole than a contrary state, it should be remedied, as far as possible, either by an alteration of diet,



in augmenting the proportion of vegetables and fruits, or by drinking a glass of fresh spring water, either on going to bed or on rising in the morning, and by proper exercise ; if these do not succeed in obviating the disposition, the patient should use a *lavement* enema, with a quarter of a pint of warm water every night, and solicit nature every morning. If the constipation has produced any troublesome symptoms, such as heat of the abdomen, headache, pressure at the fundament, &c., we should give—

*Nux vomica*, 30,

two globules, and await its action four or five days. If the desired effect should not, however, ensue, we give—

*Sulphur*, 30,

three globules, dissolved in six teaspoonfuls of water ; one teaspoonful to be taken every night.\*

Or, if the constipation be very obstinate, we may give—

*Bryonia*, 30,

three globules, in four dessert-spoonfuls of water, a spoonful on first awaking in the morning, and repeated every two hours, until the desired effect is produced.

*Pulsatilla* would be indicated, if the constipation were caused by the abuse of fat and indigestible food.

Also *Lycopodium*, *Opium*, *Sulphur*.

#### DIARRHŒA.

The bowels, instead of being costive, may be relaxed ; or the one state may alternate with the other. In all cases of continued diarrhœa, it is useful to have the surface kept warm with flannel ; and sometimes a flannel roller, bound

\* Refer to the note on the subject of the doses at p. 98.

gently round the abdomen, gives great relief. Diarrhœa often induces abortion, wherefore it should not be neglected. The patient should be advised to partake only of light food, and of that in small quantities at a time. If the stools are slimy, greenish, and watery, and preceded by colicky pains, the mouth being clammy, and bitter, without thirst; and there are chills; and especially if the evacuations occur principally in the night,—

*Pulsatilla*, 12,

one drop of the tincture, or six globules, dissolved in a wine-glass of water; a teaspoonful to be taken every four or six hours.

*Dulcamara*, 12,

may be given, if the diarrhœa was induced by getting cold, and if there be mucous or greenish stools, and colics.

If, besides the stools being yellow or green, or like broiled eggs, the following symptoms occur:—very bitter taste, great thirst, desire to vomit; or bilious vomitings with sharp pains in the stomach or belly, distensions and escape of wind, we should give—

*Chamomilla*, 12.

If the diarrhœa has become chronic,—

*Sulphur*, 30,

(six globules, dissolved in a wine-glassful of water; a teaspoonful to be taken every night,) is useful in most cases. After this medicine,—

*Calcareæ* should be given, if the diarrhœa continues, notwithstanding such previous treatment, and especially if there be hunger.

To these medicines, in cases such as have just been described, the following may also be added as of service, viz.—

*Antim. crud.*, and *Lycopodium*.

## HÆMORRHOIDS.—(PILES.)

PILES are a frequent attendant upon Constipation during pregnancy, and depend partly upon the torpor of the bowels incidental to that state ; but chiefly on the interruption to the venous blood in its return from the bowels, caused by the pressure of the womb, and its contents, upon the vessels of the pelvis ; and when great Constipation does occur, this assists in aggravating the evil, by the mechanical pressure of the contents of the bowels. Piles consist of one or more small tumours at the verge of the anus. They enlarge to the size of marbles or filberts, and appear at times clustered around the part like a bunch of grapes ; they are of a purplish colour, painful, hot, or burning, and tender to the touch. When they are within the bowel, and not visible, except during the act of straining, they are called *Inward Piles*, and when they protrude, *Outward Piles*. If blood escape from them, they are termed *Bleeding Piles* ; if there is no discharge, they are called *Blind Piles*. Some women suffer from them during pregnancy ; but at no other time. They are apt to become inflamed, either from their over-distension, from cold, or owing to errors of diet ; and the patient is then attacked with paroxysms of pain, commencing with a heat and itching at the part, which increases to a burning and aching, with shooting pain up the bowel or into the back ; increased pain when the bowels are evacuated ; a feeling as of frequent inclination, without the power to relieve, and heat in passing water,—or, at times, obstruction of that function. Sitting and standing are painful ; the horizontal position is therefore best for patients suffering severely from this affection.

When the pain causes great inconvenience, the application of hot water, either as a fomentation, or by sitting over it, so that the parts may receive the steam, will afford considerable relief ; or, sometimes a napkin, folded and

moistened with *cold* water, applied as a pad, with a dry one over it,—the application being renewed, as occasion requires,—will act beneficially. Temporary relief will sometimes be obtained by applying any animal oil, or a mucilage, made by infusing quince seeds in water ; but for permanent advantage, recourse must be had to some of the following medicines, according to the prevailing indications.

*Aconitum* is appropriate when the subjoined symptoms occur :—inflammatory irritation, with or without the discharge of blood, with stinging and pressure in the anus ; tensive, aching, and colicky pains, with a feeling of fulness deep in the abdomen ; bruised feeling in the lower part of the back, and a sense of weakness in the bowels.

*Belladonna* is particularly suitable to women, and may be given for hæmorrhoidal constipation, attended by violent pains in the small of the back ; discharge of blood for several days ; urgent tenesmus, with itching of the anus, and constrictive sensation ; constant pressure and bearing down of the bowel.

*Capsicum* is most suitable where there is a tendency to irritability of the gastric and intestinal mucous membrane ; blind or flowing hæmorrhoids, with burning heat and itching at the anus ; or smarting, stinging pain in the anus during diarrhœa, with pain and heat during micturition.

*Chamomilla* may be given—when the varices are very painful—for blind and flowing hæmorrhoids ; itching pain at the anus, with burning ; urgency to stool, with diarrhœic evacuations, and fissures ; and when there is anguish and heat in passing water.

*Ignatia* is more especially indicated when there are hæmorrhoidal sufferings during soft stools ; pain in the anus immediately after evacuations ; constrictive and smarting pain at the rectum, especially when touched, or when sitting or standing. Cutting pain high up in the rectum. Creeping as from worms ; itching at the part, with discharge



of blood; also when there is constipation, with ineffectual efforts, and protrusion of the hæmorrhoids.

*Nux vomica* is particularly applicable to the treatment of persons who have indulged in coffee, or stimulating drinks, or who have led a sedentary life, when there are inflamed tumours, with copious discharge of blood; or when the following symptoms and conditions prevail; spasmodic closure of the anus, with burning and stinging pains; difficulty of passing the fæces, accompanied with a constant urging to stool, bruised pain in the small of the back, on making the least movement,—and with jerking, dull stitches, in the small of the back, and ischia; painful urination: the symptoms are worse after meals and during mental labour.

*Pulsatilla* should be given to delicate and sensitive individuals, when there are discharges of blood and mucus, or when painful swelling and pressure in the hæmorrhoidal tumours, pains in the back, and a feeling of faintness, with tendency to diarrhœa occur; smarting, sore pain of the anus; retention of urine; worse of an evening.

*Sulphur* is a very important remedy in hæmorrhoids; it is indicated by alternate constipation and diarrhœa. Chronic constipation with piles; frequent protrusion of the bowel, and of the swellings, with burning, pricking at the anus, and dull stitches, with tenesmus, colic, pain in the small of the back: painful micturition. It may follow *Nux v.* or *Pulsatilla*.

*Lycopodium*, *Silicea*, *Cantharides*, *Sabina*, *Millefolium*, *Carbo veg.*, *Arsenicum*, *Phosphorus*, *Acidum-sulph.*, *Graphites*, *Ant. cr.*, *Cup.*, *Ac. mur.*, *Calc. carb.*, *Sepia*, *Caust.*, *Aloes*, &c., may also be referred to, and will be found occasionally beneficial.

The foregoing medicines may be given once a day, or every few hours, if the suffering is severe, or once daily, for a week, according to circumstances. In obstinate cases, a dose of *Nux v.* and of *Sulphur* may be given alternately

every night, or night and morning. Three globules may be dissolved in eight teaspoonfuls of water, and one teaspoonful of the solution given at each dose.\*

#### COLIC.

Spasm from flatulent distension of the bowels is apt to occur, either as a consequence of improper diet, or of cold.

*Chamomilla* will generally be sufficient to obviate this derangement, especially if there be a loose state of the bowels; but if the contrary condition prevail, recourse must be had to *Nux vomica*. If the violence of the colic prevents the patient from resting in one place, and if walking about soothes the pains of the belly, *Colocynth* should be given.

In these ailments the medicines should be given in plenty of water. Three globules may be dissolved in a wine-glass of water, and one teaspoonful of the solution given at intervals, more or less frequent, according to the violence of the pains.

#### PAINS IN THE LOINS.

Pregnant women are very subject to pains in the loins. The bearing of the trunk backwards—the efforts made to support the weight of the abdomen, and to maintain the equilibrium, and the various circumstances pertaining to this state—are sufficient to account for these sufferings.

*Nux vom.* is usually the best medicine; it will be especially efficacious if the patient experiences the greatest pains on going to bed. If the lumbago has been caused by an effort, or by fatigue, recourse may be had to *Rhus*; but *Arnica* may be preferable in the last case if the pains are principally felt in coughing or walking about.

#### URINARY DIFFICULTIES.

The bladder is often affected in pregnancy. It is some-

\* Refer to the note in respect to the doses at p. 98.



times torpid in its action, allows of considerable distension before it contracts upon its contents to expel the water,—and subsequently, this contraction takes place with difficulty, owing to the tunics of the bladder being weakened by the over-distension. This state requires attention, because by the pressure of the distended bladder upon the uterus, retroversion may be occasioned.

The patient should in such case make regular efforts to pass the water ; and if she fails in her endeavours, and any tumefaction, distinct from the uterus, be found above the pubes, the catheter must be used at certain intervals, until the medicine shall have restored the contractile power to the organ.

*Nux vom.* is here especially indicated, and should be given once daily, until the bladder has recovered itself, which will generally happen in about a week.

But it more frequently occurs that the bladder is morbidly irritable, especially about its neck : there are frequent calls to pass water, with pain, perhaps, during the act, or urging in the bladder, without any alteration in the colour of the urine.

*Nux vom.* is also often successful in relieving this state ; or otherwise, *Pulsatilla*, *Cocculus*, *Phosph. ac.*, or *Sulphur*.

If the urine escape involuntarily, (a very troublesome and painful affection, more frequent towards the end of pregnancy, owing to the pressure from the increased volume of the uterus,) *Camphora* may be given ; or if the patient should be feeble, very sensitive, and of a gentle and timid disposition, with habitually scanty and painful menstruation, *Pulsatilla* should be chosen. *Belladonna*, *Cina*, *Silicea*, and *Stramonium* may be tried under particular circumstances.

#### JAUNDICE.

Pregnant women will sometimes be suffused with a yellow

hue, during the earlier months, from some functional derangement of the liver, dependent, for the most part, on abdominal obstruction, and attended with dyspeptic symptoms, which generally increase after the appearance of the jaundice. It may be very slight, and last but a short time; or it may be deep and long-continued, and connected with considerable derangement of the stomach and bowels.

It may also occur at the end of gestation, from pressure upon the gall bladder. If it be dependent upon disease of the liver itself, (in which case it may occur at any period of pregnancy,) it is then fraught with danger. The more simple form is easily relieved by a few doses of *Mercurius* 12, or *Chamomilla* 3, or *Nux v.* 30. If it has been caused by anger or chagrin, *Cham.*, *Nux v.*, or *Lach.* and *Sulph.* may be given.

When the more severe form connected with disease of the liver coexists with pregnancy, recourse must be had to a careful anti-psoric treatment, of which the following remedies will be the foundation: viz. *China*, *Merc.*, *Acon.*, *Calc.*, *Chelidon.*, *Arsen.*, *Digit.*, *Carbo veg.*, *Nitr. ac.*, *Puls.*, *Bell.*, *Nux v.*, *Lach.*, *Hepar s.*, &c.

#### PALPITATION OF THE HEART.

Palpitation is often a very distressing symptom with pregnant women, and may occur in conjunction with symptoms of plethora; or from debility in delicate, sensitive women, in whom it is brought on by the slightest emotion; and in those who have a tendency to abortion, it sometimes occasions that event. It may occur repeatedly during the day, or only at night, on lying down, or at regular or irregular periods, at intervals of two or three days. In one lady, a patient of mine, the attack was most violent, and recurred every ten days, lasting about twelve hours.

In those cases in which nervous susceptibility is the

cause, *Pulsatilla*, 30, suffices, ordinarily, to relieve this troublesome symptom, or *Nux vom.*, 30. *Moschus* is also suitable to this condition, especially if attended with faintness.

When dependent on a plethoric state of the system, *Aconit.*, or *Bellad.*, followed by *Nux v.*, will be the best.

When there is reason to suspect a more serious affection of the heart, either from the symptoms having existed for a long period, or from the presence of the physical signs peculiar to one or other of the organic diseases of that organ, *Sulphur* is the medicine which has generally afforded most relief, or else *Arsenicum*, alternated with *Aconitum*.

#### SYNCOPE.

Syncope is a frequent occurrence in persons with sensitive nervous systems, and occurs at all periods of pregnancy. Sometimes this inconvenience troubles the patient from the first period of conception, without her being able to assign any other cause for it; in other instances it attends upon a weakened state of the system, either from relaxation of the bowels, or an alternation of this condition with constipation; or in consequence of sleeplessness, or intense toothache. In the absence of decided symptoms, the choice of the remedy must be directed by the constitution and moral condition of the patient. If she be feeble, melancholy, and disposed to weep upon apparently trivial provocation or even without any apparent cause, *Ignatia*, 30, should be given. If, on the contrary, she is lively, gay, and passionate,—

*Chamomilla*, 12, is to be preferred; if with this temperament she be subject to constipation, and is too sedentary in her habits, *Nux vomica*, 30.

It is advisable to give these medicines, in all cases, in a large quantity of water, by teaspoonfuls every morning,<sup>1</sup> to

<sup>1</sup> See the note respecting doses at page 85.

moderate the intensity of action which patients, in such cases, are prone to experience.

If the faintings be the result of great weakness produced by previous disease, by hæmorrhages, or by privation of nourishment, *China*, 12, should be administered, followed two days afterwards by *Sulphur*, 30 ; after which we must be guided by the nature of the symptoms.

Sometimes syncope, in pregnant women, is the effect of a species of plethora. *Moschus*, 12, is a useful medicine when sudden faintings occur with vertigo, or tendency to hysteria, spasms, &c., in which last case, however, the means indicated in the article devoted to the consideration of that subject must be employed ; especially *Aconitum*, prescribed according to the necessity of the case.

Sometimes it is the effect of wearing the dress habitually too tight ; here it is a punishment for the infraction of the hygienic laws applicable to the pregnant state. The treatment will then consist first of the removal of the exciting cause, after which *Aconite* may be given, followed by *Arnica*, 30.

There is a kind of *syncope* which is dependent upon some organic disease of the heart. It generally prevails in the earlier months, and sometimes proceeds to a fatal termination ; it has been known also to prove fatal so late as the sixth month of pregnancy. Its connection with serious organic disease must, of course, be detected by means of physical diagnosis or mediate auscultation.

#### DYSPNCEA AND OPPRESSION.

In the latter months of pregnancy, the pressure of the fundus of the uterus upon the diaphragm and the organs of digestion interferes with the functions of these organs, and induces shortness of breath, panting, difficult digestion, &c. Immediately after a substantial meal, the patient

is inconvenienced by a determination of blood to the head, with redness of the face, and a sense of anxiety and suffocation.

*Nux vomica*, 30,

is the most suitable medicine for these sufferings, and it is rare that it is not followed by a prompt and complete relief.

If the oppression is more permanent, and there be habitual redness of the face, with heaviness of the head, vertigo, anxiety, beatings at the heart, and nightmare,—

*Aconitum*

may be given;—two drops being dissolved in a wine-glassful of water, and one teaspoonful of the solution given every two or three hours, diminishing the nourishment at the same time.

In such cases these means, together with exercise in the open air, will usually suffice to dissipate the symptoms.

Should the oppression be accompanied with paleness of the countenance, or swelling, or a blueish appearance, wheezing at the chest, general weakness, impossibility of remaining in the recumbent posture, œdema of the lower extremities, regurgitation of food or of water, &c., recourse may be had to—

*Arsenicum*, 3.

Two drops dissolved in a wine-glassful of water, one teaspoonful to be taken every three hours.

This medicine may, in some cases, be alternated with *Ipecacuanha*, especially if there be absence of thirst.

If the patient experiences pains in the chest on deep inspiration, so as to lead one to infer more active disease of the lungs, *Bryonia*, or *Phosphorus*, may be given in the same manner.

## SLEEPLESSNESS.

If, notwithstanding proper diet and exercise, the woman passes sleepless nights, and the sufferings that are induced thereby require medical interference, a dose of *Coffea*, 6, given at bedtime, often suffices to produce sleep, if she has not been accustomed to the use of coffee as an habitual beverage. If, on the other hand, she has been used to take coffee constantly, more benefit will be obtained from *Chamomilla*, 12. If sleep is prevented by night-mare, *Sulphur*, 30, should be given in the same manner.

## PLETHORA—HEADACHE.

Women, in the earlier months of pregnancy, are apt to suffer from Headache, which is an alarming symptom, when it is severe, constant, and accompanied by symptoms of plethora. The head is giddy, the eye suffused, there is weight over the eyes, or within the skull: the giddiness is aggravated by stooping, or lying down; there may be drowsiness, ringing in the ears, flashes of light in the eyes, indistinct vision, and heaviness of the limbs. In some instances there is a fixed pain in one part of the back, accompanying or preceding the affection of the head. Tetanic convulsions, or coma, may follow, if these indications are not attended to.

All these symptoms are speedily relieved by—

*Aconitum.*

Two drops dissolved in eight dessert-spoonfuls of water, of which solution one dessert-spoonful should be taken every two or three hours.

If the pain and heat of the head continue after this,—

*Belladonna*

may be given in the same manner.



All headaches, however, are not attended with such severe symptoms, nor do they prognosticate such grave results; but often proceed from derangement of the digestive functions, and, in such cases, may be relieved by the exhibition of—

*Nux vomica*,

given at intervals of two or three days.

*Opium* is useful when the following symptoms and conditions prevail:—vertigo on rising from a seat, with a stupid feeling in the head; imperfect sleep, fanciful dreams, visionary ideas, &c., or dull insensibility of the nervous system.

TOOTHACHE.

This affection frequently attends upon pregnancy, and is often the earliest symptom, from the presence of which that state is suspected. The tooth ought never to be extracted, for abortion has been known to follow the operation. The suffering may be removed or alleviated by the same agents as are commonly applicable to the treatment of the toothache, which are as follows:—

*Coffea*, if the attacks of pain occur suddenly, and are so violent as to extort cries.

*Chamomilla*, if the suffering is most violent at night, so as to oblige the sufferer to rise from bed, or if the cheek is swollen.

*Pulsatilla*, if the pain commences towards evening, and gets worse at night, and the patient be of a gentle disposition.

*Nux vomica*, if the pain becomes aggravated to a great degree by exposure to the open air, by wine and coffee, or by mental application, and is soothed by warmth. A shooting in the teeth and gums, extending into the bones of the head and face; a sense of boring, raking, or drawing in a carious tooth, are indications for this remedy.

*Belladonna*, if, in addition to the toothache, there be determination of blood to the head.

*Sepia* is useful in the toothache of pregnancy, as well as in all other sympathetic affections of the uterus.

*Staphysagria* succeeds in a great number of cases of toothache associated with caries; wherefore it will be well to try it in all cases in which the first medicine given has not taken effect.

In toothache the remedy may be changed about every half hour, if that which has been administered should not have relieved the pain.

#### SALIVATION.

This symptom sometimes occurs during the earlier months of pregnancy, and ceases about the fourth or fifth month. It scarcely requires any interference; but if it should be very troublesome, recourse may be had to a small dose of *Mercurius solubilis*.

If it be accompanied with nausea and repugnance for food, *Pulsatilla* may be given; if with general coldness and debility, *Veratrum*.

If, however, this symptom should continue in a troublesome degree, notwithstanding such treatment, the subjoined medicines will usually prove of service.

#### *Sulphur*, 30.

Two drops dissolved in six teaspoonfuls of water, of which solution one teaspoonful should be taken every night.<sup>1</sup>

*Natrum mur.*, if it be obstinate, and is connected with a cachectic habit, bad digestion, soreness of the mouth and tongue, and aggravation after food, with a constant craving, which is allayed by the smallest quantity.

*Arsenicum* will also be beneficial in some instances.

<sup>1</sup> See the note respecting doses at page 98.

## PAIN AND TENSION OF THE BREASTS.

The sympathetic irritation which is set up in the breasts by pregnancy, and which determines a flow of blood to those organs for the purpose of preparing the mammary glands for the secretion of the milk, excites in them more or less uneasiness or pain: these pains often become exceedingly troublesome, very sharp and insupportable, especially with women who expose the breasts to much compression with ill-constructed stays.

When there is a pricking sensation without inflammation, administer—

*Bryonia.*

Two drops, dissolved in six dessert-spoonfuls of water, of which solution one dessert-spoonful should be taken three times a day; but when there is erysipelatous redness, heat, hardness, &c.—

*Belladonna, or Hepar sulph., Trit. 3, gr. j,*

in the same manner.

The sudden abatement of the tension, and fulness of the breasts, and a diminution in size, are unfavorable circumstances, indicating either the death of the child, or a feeble action of the womb.

## CEDEMA OF THE EXTREMITIES.

As gestation advances, women frequently suffer from œdematous swelling of the lower extremities; and after a time the thighs, or even the labia pudendi, are involved in it. This is partly owing to the pressure of the uterus; but in some instances would appear to be dependent upon a peculiar weak state of the vascular system, connected with pregnancy, as it occupies the upper parts of the body also.

The first-mentioned result often occurs in those women

who take little exercise, and this hygienic error is then soon remedied by a good walk; but if the swelling shall have reached the thighs so as to impede locomotion, if there be no other complications, the following may be administered.

*Bryonia.*

Two drops, dissolved in six dessert-spoonfuls of water, of which solution one dessert-spoonful should be taken every night and morning.

If at the end of a week improvement be not perceptible,

*Sulphur, 30,*

may be prescribed in the same way.

If the patient had been subject to eruptions, pimples, or other affections of the skin, which have disappeared during the pregnancy, the treatment should be commenced by the latter medicine.

Occasionally there exists an infiltration of the cellular tissue of the labium pudendi, without the more general œdema of the extremities. This happens most frequently in women who possess a superfluity of fat. It is not of any serious moment; but if it should proceed to such an extent as to interfere with walking, then either a few punctures may be made in the tumour to relieve it of the fluid, or the treatment above mentioned may be resorted to.

MORAL IMPRESSIONS, &c.

It is very important during pregnancy to avoid all causes of alarm, such as excessive fear, anger, joy, or grief, as far as possible. These operate powerfully upon the aroused susceptibility of the nervous system, and affect both the mother and child in an unfavorable manner. It is not uncommon for the commencement of pregnancy to be marked by a general apprehensiveness, a morbid dread which produces trembling of the body, weakness of the limbs, loss of

appetite, disturbed sleep, frightful dreams, nightmare, dissatisfaction with everybody and everything, &c., nervous irritability, melancholy; the cares of life, its ordinary duties, and the prattle of her children, can scarcely be borne by the patient, who despairs of life, and wishes herself dead. In such cases there is no medicine which produces so satisfactory a change in the whole system as—

*Pulsatilla*, 30.

Six globules may be dissolved in a wine-glassful of water, and a teaspoonful of this solution given two or three times a day.

But if a sudden fright should have produced anxiety, oppression at the chest, tremblings, &c.,

*Opium*, 30,

must be given directly; or, if some time has elapsed since the occurrence, *Aconite*.

If the same effects have been produced by sudden joy, *Coffea*, 1, may be given; if they were the consequence of violent anger, *Chamomilla*, 3. If *Chamomilla* does not speedily relieve, *Bryonia*, 12, is then advisable. *Nux vomica* and *Colocynth* may also be useful in this case.

If the morbid impression was the effect of sudden or continued grief, *Ignatia* should be preferably selected.

CRAMPS.

Pregnant women are often much troubled with cramps in the calves of the legs and feet, which come on in the night or day. A dose of *Veratrum*, 30, given on going to bed will often obviate this painful affection. In nervous subjects, *Nux vomica* or *Coffea*, given in the same manner, will sometimes avail better. If these means do not succeed, the following may be advantageously selected :—



*Sulphur*, 30.

Three globules, dissolved in a wine-glassful of water, and one teaspoonful of this solution, to be taken three or four nights in succession on going to bed.<sup>1</sup>

## VARICES.

In addition to the dilatation of the hæmorrhoidal vessels, causing piles, the veins of the lower extremities are liable to enlargement from the pressure of the gravid uterus upon the iliac vessels and inferior cava. It generally happens that the dilatation is greater on one side, but both may be equally affected. Sometimes the foot is quite purple, from the congestion of the minute vessels, and the veins in the thigh and leg acquire an enormous size. The recurrence of this local congestion during successive pregnancies leaves the vessels tortuous and bumpy, with small knotty points here and there, which remain blue, and in after-life burst, and give rise to wounds and discharge of blood. A bandage equally applied from the foot upwards to the part immediately above the knee, and the removal of all ligatures, such as garters, &c., and preserving, as much as possible, the horizontal posture, are the best auxiliaries to the medical treatment,—which consists in the administration of—

*Pulsatilla*, 30.

Six globules, dissolved in a wine-glassful of water, one teaspoonful of which solution should be taken every night.<sup>1</sup>

This may be repeated at occasional intervals, if required.

If this medicine should not afford relief, and the patient be of an irritable temperament, *Nux vomica* may be given in the same manner; or *Lycopodium*, if the affection be accompanied by an unhealthy state of the blood, a phlegmatic constitution, or a deficiency of animal heat.

*Sulphur* is often required after either of the above remedies.

<sup>1</sup> Refer to the note respecting doses at p. 98.



## PURPLE SPOTS.

In connection somewhat with venous derangement, women sometimes experience, towards the termination of pregnancy, a species of fissure or cracking of the tegumentary tissue of the abdomen, in consequence of the excessive distension of the skin at that period, in which are deposited small portions of blood which transude from the blood-vessels, and, assuming a linear or dotted form, look like purple lines or spots, which occupy the whole surface of the abdomen and upper part of the thighs. The traces of these effusions often remain during life. The best means of preventing the occurrence of this extravasation is not to confine the abdomen during the earlier months with stays, or to use any tight compression in order to preserve the form; because such confinement prevents the gradual and easy extension of the abdominal parietes. Light frictions, with the following embrocation, after the fifth month, will do much to obviate and disperse the evil:—

*Concentrated Tinct. of Arnica,*

one teaspoonful being added to four table-spoonfuls of oil of sweet almonds, and these being thoroughly mixed, and rubbed lightly over the bowels for a quarter of an hour, once in every five or six days. An *Arnica pomade* is made by the Homœopathic chemists, which will sometimes answer the purpose.

## COUGH.

Women are at times subject, during pregnancy, to a dry, troublesome, nervous cough, quite distinct from ordinary catarrh; and which lasts throughout the term, if it is not removed by appropriate remedies. This cough is the consequence of the afflux of blood to the chest, resulting from the compression of the large vessels of the abdomen, by the impregnated uterus. In place of the abstractions of blood,

usually recommended by Allopathic practitioners, the following treatment will successfully relieve it.

*Aconitum*, (tinct.) 6,

two drops being added to half a tumblerful of water; of which mixture a dessert-spoonful should be given every four hours. If the intensity of the cough only is removed, by this medicine, *Nux vomica*, 12, may be given in the same manner.

If the attacks are most frequent at night, *Belladonna* will be preferable to *Nux v.* If the cough is followed by efforts at vomiting, or vomiting of glairy mucus, *Ipecac.*, 6, should be prescribed. Should it be very obstinate, and accompanied by a tickling in the throat and chest, *Conium*, 12, or *Sepia*, 12, should be administered.

When the cough becomes looser, and there is much expectoration, *Sepia* and *Pulsatilla* may be given in alternation.

#### UTERINE HÆMORRHAGE.

Although the menstrual function ceases during pregnancy, it sometimes happens that a sanguineous, or sanguinolent-mucous discharge takes place at the ordinary monthly period, during the first few months. Occasionally an excess of the catamenia happens at the time of conception, and then ceases. These circumstances are of little consequence, and demand no interference; but now and then there is an issue of blood, at a time distinct from what would have been the menstrual period, and with a sudden and copious flow. This may arise from some fright or accident; or, in delicate women, it may even occur without any apparent cause. Whenever such a casualty occurs, it should receive immediate attention; as, if not arrested, it will often be followed by miscarriage, and may endanger the life of the woman. The patient should be put to bed immediately, so as to preserve the horizontal position, until the complete cessation of the discharge and

all danger of its return is past: she should also keep her mind tranquil; and those about her should take care to secure her from any bustle, or necessity for moving or exciting herself. Cold drinks and spare nourishment should be given, and the body should be kept cool—the bed-covering being light, and the temperature of the apartment moderate.—If the hæmorrhage should ensue, as the consequence of a muscular effort to raise or carry something, a violent exertion of the arms, a mis-step, a fall, or a blow upon the stomach or loins, we prescribe,

*Arnica*, (tinct.) 3,

two drops being added to four table-spoonfuls of water; of which mixture, one teaspoonful should be given every ten or fifteen minutes, more or less frequently, according to the urgency of the case.

If the flow of blood is copious, and continues in a uniform manner, with pains at the navel, bearing-down efforts, and pressure towards the uterus and fundament, with chills or general coldness, at the same time that there is heat towards the head and face, with considerable lassitude, and disposition to lie down, we prescribe,—

*Ipecacuanha*, (tinct.) 6,

two drops to four table-spoonfuls of water; of which mixture one teaspoonful is to be taken every ten or fifteen minutes.

*Chamomilla* should generally be employed when, in addition to these symptoms, the pains are like those of labour, and when, after a short period, no improvement is manifested.

*Bryonia* is given when the patient loses a considerable quantity of deep-red blood, and there are, at the same time, pressive pains in the loins and head, especially about the temples.

*China* is very serviceable in the severe cases, where there

are heaviness of the head, vertigo, loss of ideas, somnolence with feebleness and disposition to faint, coldness of the limbs, paleness of face, jerks about the mouth, contraction of the eyes ; the countenance and hands become blue, and there are tremors of the body. Under these circumstances the danger is great ; and napkins soaked in cold vinegar and water may be applied to the genitals and lower part of the abdomen, and cold fresh air let into the apartment.

*China* is also indicated when the blood flows by jets, and there are, at the same time, pains in the womb and in the direction of the os coccygis, with augmented discharge upon every violent return of pain. Also, when there are abdominal pains, with frequent desire to micturate, and painful tension of the lower portion of the belly. This medicine also operates beneficially in overcoming the weakness and indisposition which follows great loss of blood.

*Hyoscyamus* is indicated when there are pains like labour, with dragging in the loins and sacrum, or limbs ; general heat, with accelerated or full pulse ; swelling of the veins upon the hand, or in the face ; great agitation, excessive vivacity, trembling in the whole body, or stiffness of the limbs, absence of sensation, obscure vision, delirium, play of the tendons, or jerking of the limbs, alternating with rigidity of the joints.

*Belladonna* should be given when the discharge is neither very clear nor very black, and the following symptoms occur : pressure towards the genital fissure, as though the womb would force out ; violent pains at the sacrum, as if it would break.

*Platina*, 6, is especially indicated when the blood is black and thick, but not coagulated and grumous ; the pain in the sacrum is not as if bruised, but more of the nature of a dragging sensation from the back to the groins, and as if, by this pain, the internal parts were pressed downwards ; at



the same time the genital parts being excessively tender to the touch.

*Ferrum*, 6, is required when the blood discharged is sometimes black and grumous, and sometimes liquid, the discharge being attended with pains, as of labour, ordinarily with redness of the face ; after this medicine, *China* is often useful.

*Crocus* is indicated when the blood is very black, clotted, and viscid.

*Sabina* is very useful when the discharge is of a bright-red hue, occurring in jets, or even in clots, and the discharge is attended with pains extending from the loins round to the groins.

*Secale corn.* is to be selected when the blood is black and liquid, and when the discharge is especially excited by movement, or when the patient is feeble, and trembling of the limbs or cramps occur.

In general, when the symptoms are at all urgent, the proportion of each medicine (as especially stated in the foregoing prescriptions) should be mixed in a wine-glassful of water and a teaspoonful of the mixture given every ten minutes, (or less frequently, according to circumstances.) When the hæmorrhage shall have been arrested, the patient must keep perfectly at rest for four or five days, and then take exercise very gradually, observing all proper precautions against a renewal of the accident.

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## MISCARRIAGE.

MISCARRIAGE, or ABORTION, is the term applied to expulsion of the ovum before the sixth month ; PREMATURE LABOUR, to its expulsion at any intermediate period between the sixth and ninth month, the natural term of pregnancy.

But in accordance with the limited object of this work, I

will not make distinctions which have no practical advantage; although some authors have described separately the course and treatment of abortion, as it occurs in the earlier or later months. When premature labour takes place at the seventh or eighth month, its progress and treatment need not differ much from that of labour at the full time. As, however, the end to be attained is, in either case, the prevention of the premature expulsion of the ovum, the means to be used for this purpose, as well as to guard against the dangerous consequences of hæmorrhage, are similar,—although in the simple premature confinement there are fewer evils to contend with.

Abortion must be considered as a very serious accident; for it not only deprives the mother of the product of her pregnancy, and disappoints her hopes, but often places her life in jeopardy.

The causes of abortion are divided into predisposing and exciting. Among the former we may enumerate a particular fault inherent in the mother, a constitutional delicacy, evidenced in morbid irritability of the uterus; great rigidity of the fibres of the uterus, which interferes with the due expansion of the organ, in proportion to the growth of the fœtus: a plethoric, or congestive state of the uterine vessels, from determination of blood to the pelvic organs, beyond the demands of pregnancy; hereditary, or acquired constitutional taint; relaxed condition of the neck of the womb, or atony of the uterus, from long-continued leucorrhœa; tumours of the uterus; polypi; cysts; disease of the ovaria and contiguous parts; chronic inflammation of the uterus; dropsy; scanty or excessive menstruation; sanguine or plethoric temperament; a disposition to hæmorrhage; hysteria; the acquired tendency to discharge the contents of the womb prematurely, from previous abortions, &c., &c.;—all causes dependent upon change in the vital powers, produced by the presence of one or more of these morbid conditions in the



system ;—or even habitual errors of regimen, or hygiene,—such as prolonged watching ; excesses of all kinds ; tight garments,—especially such as exert undue compression upon the abdomen, &c.—Besides these, there are others which appertain to the fœtus itself, such as its own weakness of organisation ; monstrous conformation ; slender attachment of the placenta to the uterus ; its position over the os uteri ; shortness of the umbilical cord, hydatids, &c.

The exciting causes are very numerous. To detail all the exciting causes of abortion would be to recite all the functions of the female, and all the hygienic or morbid agents by which she is surrounded. Thus we may enumerate amongst the exciting causes :—acute diseases, especially those of the uterus and abdominal viscera ; mechanical injuries,—such as falls and blows ;—the common actions and conditions of riding in a carriage, fatigue, over-excitement, coition ; mental disturbances,—such as anger, grief, and other violent emotions ; medicines which operate especially upon the uterus,—such as emmenagogues, &c. :—in fact, all circumstances which directly or indirectly excite abnormal contractions of the uterus, and thereby produce expulsion of its contents ;—or which determine a congestion of blood towards the uterus,—or induce such an alteration of the vital force as precludes the accomplishment of its functions. From such causes operating upon the womb, the fruit falls before it is ripe ; or, from similar causes operating upon the fœtus and its envelopes, the death of the former, or rupture of the latter, may be occasioned ; so that the fœtus becomes like a foreign body, and is expelled by the conservative forces of nature.

The diagnosis of the act of abortion is not usually difficult ; but, nevertheless, in the early stages of pregnancy, it may be confounded with menorrhagia, especially towards the period when the faculty of conception ceases, and it is sometimes difficult to ascertain whether the expulsion of the ovum has been completed. When the contents of the uterus have

been expelled, hæmorrhage ceases ; previous to this, the occurrence of regular pains, together with the passage of coagula, usually distinguish it from menorrhagia.

Abortion is most frequent during the first three months of pregnancy. It is more difficult to discriminate the causes which have acted as predisponents to the accident, and to which our treatment must be directed, with a view to prevention.

Among those which have been enumerated are two, which have received particular notice : viz. rigidity of the fibres of the fundus and body of the uterus, and laxity of its neck. If from a recurrence of the accident, or from other causes, either of these conditions be found to exist, our treatment must be directed to it.

In the first instance, abortion takes place early in the first pregnancies, but later and later in each succeeding one ; until at last the natural epoch is reached, and a living child is born. Under the latter of these two conditions, the reverse takes place ; the period of abortion approaching nearer to the time of impregnation in each successive pregnancy.

In the one case, the liability to abort increases ; in the other, it diminishes with each recurrence of pregnancy. The advantages of Homœopathy are manifest, in the greater power which it possesses to arrest the threatened miscarriage, as well as to obviate or repair the mischievous consequences of such an accident, when it cannot be prevented.

When abortion is threatened from the operation of an internal dyscrasia, it is more difficult to arrest or to prevent. Thus the ulterior accomplishment of a miscarriage, whether produced by a constitutional taint, or a degeneration of the tissues of the uterus, or by errors of hygiene, will admit of a more or less favorable prognostication, according to the greater or less control which can be exercised over these causes—or to the facility or difficulty of obviating or removing them. The nature and gravity of the accidental

causes will also greatly influence the nature of the prognosis.

At all times the means which Homœopathy offers for combating these causes, or at least their effects, are so potent and often certain, that the practitioner ought not to pronounce a miscarriage inevitable, except in cases in which the fœtus shall already have presented at the os uteri ; he should not despair of his patient's completing the term of her pregnancy, in consequence either of an alarming hæmorrhage, the escape of the liquor amnii, or the supervention of convulsions. The death of the fœtus cannot always be recognised by any certain signs ; doubtful symptoms of this accident need not, therefore, deprive him of all hope of a fortunate result.

The insertion of the placenta over the os uteri, although frequently productive of consequences fatal to the continuance of utero-gestation, by the repeated hæmorrhages which ensue, may yet be rendered less hazardous by the proper treatment of these results with *Sabina*.

The prognosis with regard to the effect of abortion itself, or of its consequences, is more favorable in the case of the Homœopathic practitioner, since he possesses means which act upon the uterus and its appendages more directly, and with greater power and certainty, than any Allopathic resources, as well in facilitating the expulsion of the ovum, when that is inevitable, as in remedying hæmorrhage, convulsions—which often prove fatal—or inflammatory or other accidents which may follow miscarriage. In general, under all circumstances, abortion induced by a sudden cause is more serious, and more painful than that produced by a cause which has acted long upon the organism of the female previous to the misfortune, because the neck of the womb, in the latter case, is more easily relaxed and dilated for the passage of the fœtus. However, even in this case, Homœopathy can protect the women from many dangers.

The treatment which abortion requires has for its *primary* object the prevention; and aims *secondarily*, in cases in which it cannot be avoided, at conducting its course with less danger and pain to the mother, and, *finally*, labours to remedy or prevent the accidents which sometimes accompany or follow the evil.

In order satisfactorily to fulfil the first part of the treatment of abortion, the predisposing or occasional causes must, as far as possible, be removed. It should be ascertained if these are incidental to faults of hygiene, whether in dress, habitation, avocation, or injurious moral causes, &c. The treatment should then tend, by suitable medicines, (which will be pointed out further on,) to remedy the dynamic effects of these causes. It then becomes necessary to investigate the patient's state of health anterior to her pregnancy, to be informed of any antecedent maladies; and to ascertain if there have been former pregnancies, or abortions, and under what circumstances; and especially the habitual state of the menstrual function. From these different indications the nature of the patient's constitution and the dynamic causes, predisposing or occasional, may be deduced. If, in consequence of previous miscarriages, an habitual plethoric condition, or of great and general debility, an abundant leucorrhœa, habitual pain in the region of the uterus, &c., a predisposition to abort is recognised, this tendency should be combated without loss of time, by an appropriate regimen, and such medicines as are indicated by the state of the patient.

If she be plethoric, subject to a very profuse menstruation, to leucorrhœa, pains in the breasts, colics, pains in the loins, migrim, congestion of blood to the head or the chest, vertigo, &c., recourse may be had to

*Calcareæ*, 30.

Three globules, dissolved in six teaspoonfuls of water;



one teaspoonful of this solution being taken every morning for a week.<sup>1</sup>

For the next week,—

*Belladonna*

should be administered in the same manner, returning again to *Calcarea* as before, but pausing one or two days between the medicines.

When abortion has appeared to depend upon atmospheric influence and to be epidemic, as, for instance, during the prevalence of influenza, *Camphor* (Saturated Tincture) is very serviceable, of which one or two drops may be taken on a small lump of loaf sugar three times a day.

*Sabina* is the most generally useful medicine, when the premonitory symptoms of abortion occur, in women who have already been subject to it. It may be taken in the manner indicated for *Calcarea*, for a few days before the ordinary menstrual period, until the time has passed at which the former miscarriages took place.

*Sepia* alone, or alternated with *Pulsatilla*, may be administered in the same manner, when there is abundant leucorrhœa; when the patient is sad, melancholy, feeble, gentle, perspires readily, has frequent colics, &c.

*Sulphur* is especially indicated if the patient has been or is subject to papular eruptions, with itchings, tendency to constipation, and hæmorrhoids: it may be given in the same manner as the others; and may be alternated with *Nuxvomica*, especially if she has experienced, from the commencement of her pregnancy, a pressive pain in the uterus, and frequent desires to urinate.

*Aconite* or *Bryonia* will be found serviceable in the cases previously alluded to, as dependent on a rigid state of the uterine fibres, if that should be distinctly ascertained to exist.

<sup>1</sup> Refer to the note respecting doses, at p. 98.

By this method, seconded by an appropriate regimen, miscarriage may be prevented with greater facility and certainty than by the bloodlettings, baths, &c., recommended by the school of "legitimate" medicine.

Nor is it necessary, under any of these circumstances, to confine the patient to the sofa; gentle and moderate exercise in the open air, on foot, and so as to avoid fatigue, should be advised. The patient should not travel by coach or railroad,—which is apt to be exceedingly injurious, owing to the jarring communicated to the pelvis and its contents,—and she should ascend and descend the stairs with caution.

Absolute rest, by weakening the constitution, adds a fresh cause to the predisposition already existing.

A substantial nourishment should be enjoined, avoiding too much at any one time: it would be better to divide it into several small repasts, regulated by the principles laid down by Hahnemann. Abstinence from coffee is here a rigorous and absolute necessity.

Matrimonial intercourse must be avoided.

When symptoms of abortion from one or more of the causes previously enumerated are manifested, such as pains of the abdomen bearing downwards, or labour-like pains recurring with regularity, accompanied with slight sanguineous discharge, &c., the woman ought to preserve a perfect quietude, extended upon the bed, and to abstain from food and hot drinks, so as to avoid everything which can increase the movements of the abdominal viscera: the most appropriate medicine should then be sought for, to neutralise the effects of the exciting cause of the symptoms present:—for instance, if the accident has been produced by a blow on the abdomen, a fall, a struggle, or any other mechanical cause which has in any way disturbed the uterus, the following should be given:—



*Arnica*, (tinct.) 3,

two drops in a wine-glassful of water, one teaspoonful of the mixture being taken every two hours.

This should be administered as soon as possible after the accident.

If the accident has been occasioned by an effort to raise a heavy weight, by a wrench in the loins, or a false step,—

*Rhus*, (tinct.) 3,

two drops, must be given in the same manner; or, if the hæmorrhage accompanying it is more violent,—

*Cinnamomum*, (tinct.)  $\phi$ ,

in the like proportions. If the symptoms have been the result of a moral emotion, the medicine most suitable to counteract the effects of such a cause as indicated under the head of "Moral Affections" must be immediately given. When, notwithstanding this, the expulsive effort continues, a medicine operating specifically, as regards the existing symptoms, must be employed.

*Ipecacuanha* is to be given if there has been a fearful hæmorrhage of red blood, which continues, with pains about the navel, violent pressure at the uterus and rectum, chills, great debility, pallor, and nausea.

*Sabina* should be preferably selected, if the blood is less red, a little deep-coloured, emitted in large lumps, the discharge being attended with labour-like pains in the abdomen and loins.

*Pulsatilla* is indicated when the discharge is arrested for a few minutes, to return with greater violence afterwards, and is attended with expulsive pains, and deep-coloured blood mixed with clots.

*Belladonna* exercises a very special action upon the uterus. It is particularly indicated when there are violent pains of the belly, of a tight and pressive character, with a sense fo

been the effort of a sudden and recent exciting cause. In these cases,—

*Coffea*, 6,

will be of great service. Six globules, dissolved in a wine-glassful of water, one teaspoonful of the solution being given every ten minutes.

Another important point is not to separate the *foetus* from the secundines, by division of the cord, when it shall escape first, but to allow it to exert the slight traction which results from its connection, in order to facilitate the extrusion of the whole. After the completion of the delivery, repose and quiet are necessary for a few days, more or less, according to the seriousness of the circumstances which have attended upon the miscarriage, as well as to the period of the pregnancy at which it has occurred; and the after-treatment must be managed according to the rules prescribed for the puerperal state, a dose of—

*Arnica*, 6,

being given immediately.

#### EPHELIS.

Pregnant women are often subject to yellow or dingy stains, which occur in patches over the face, around the lips, or on the forehead or cheeks: they convey no sensation, and only produce inconvenience by the disfigurement which they occasion. The development of Ephelis is essentially the same as the *pityriasis*, which happens independently of the pregnant state, and, like that, sometimes assumes the form of a saddle across the nose. The same treatment is here indicated, and will be found successful, viz.—

*Sepia*, 30.

Three globules, dissolved in a wine-glassful of water, a teaspoonful of the solution being taken night or morning.

If this does not suffice to remove it,—

*Sulphur and Lycopodium*

should be given after the same manner, or the *Sepia* repeated after a week's interval.

## FALSE PAINS.

Towards the close of the term of pregnancy, women are apt to suffer from pains like small labour-pains, which come on at a certain time every day or at night, but they have no effect upon the os uteri, which remains closed. If the period of labour has not arrived, a dose of *Pulsatilla*, 12, will be sufficient to put a stop to this abnormal action; and if it has, the same remedy will change the irregular into natural and effective pains. The condition of the pregnant woman being one of extreme susceptibility to impressions, it is reasonable to suppose that remedies, selected in accordance with their specific relation to the symptoms developed by accidental or occasional causes, during such state, would possess a greater activity than at other periods, or when this augmented sensibility of the entire organism is absent. On this account it is highly important to abstain from the administration of medicines, except when there is a positive necessity to lay them aside as soon as the results are obtained, and as a general rule to prescribe them in the higher attenuations. One exception may, however, be quoted against this suggestion, namely—that, as in certain constitutions it sometimes happens that the higher dilutions create invariably a perturbation or general disturbance, rather than a subsidence of the symptoms, I have in those instances given the lower dilutions with considerable effect, taking care to omit them as soon as possible. For the same reason the medicine given in a single dose, instead of being divided into several, answers better.

The two following cases, illustrative of the ill-effects of the lower dilutions in somewhat large and repeated doses, during the pregnant state, are related by Dr. Croserio.

“ A young woman, twenty years of age, consulted him. She was tall, strong, and well built, with black hair and eyes ; she complained of heaviness of the head ; a stunned sensation, especially on stooping, and on raising herself afterwards ; her countenance was red, the pulse full and regular ; there was no other complaint, but that the menses, which were usually abundant and lasted four or five days, were delayed a week. Attributing the indisposition to a plethoric state produced by the arrest of the function, and considering the whole of the symptoms, especially the constitution of the patient, he thought that a dose of *Aconite* would put an end to the disturbance : he put *two drops of the 3rd dilution* into a wine-glass of water, and directed her to take a teaspoonful of the mixture every three hours. After the tenth spoonful, a very considerable discharge of blood took place from the uterus, together with the expulsion of an ovum, containing an embryo of four or five weeks. The ill-effects of the medicine require no comment. If pregnancy had been suspected, he would have given a dose of the medicine much more attenuated, and the morbid phenomena would, most probably, have been dissipated without the adverse occurrence of hæmorrhage, which is to be found among the rest of the symptoms characteristic of the medicine.

“ The second case was that of a married woman at the eighth month of pregnancy, who was prematurely confined at seven months in the preceding one, and for this reason was restrained to the sofa in a state of perfect quiet by her medical adviser. She consulted him for constipation, loss of appetite, with thirst, agitation, and want of sleep at night, and cramp in the calves of the legs. These symptoms sufficiently indicated *Nux vomica*. He prescribed three or four globules of the 30th dilution in a glassful of water, to be taken by teaspoonfuls, one every night on going to bed.

— the first dose a favorable effect was produced ; the



sleep was better, and the next day the meals were taken with more relish; the medicine, notwithstanding this amelioration, having been continued, two days afterwards there supervened slight pains in the loins and pinchings in the belly: in a few days more the waters broke, and labour came on, when she was delivered of a healthy child, before the ninth month, which happily lived. If the medicine had been suspended after the first effects, as the patient was forewarned, it is probable that the accident would never have happened, for in place of the primitive effects, which are proper to *Nux vomica*, such as '*in the morning pressing through the genital organs, with contractive cramp in the abdomen and uterus, the menses four days too soon, menorrhagia, &c.*,' the *Nux vomica* would have excited only a salutary reaction, that is to say, the re-establishment of the functions of the organs of digestion; and if she had observed the hygienic rules, her pregnancy would have continued to the natural term."

#### THE PROPHYLACTIC TREATMENT APPLICABLE TO CHRONIC AND HEREDITARY DISEASES.

In order to diminish the evils which afflict humanity, and break in upon those hereditary disorders which are transmitted from parent to child, it is absolutely necessary to act upon the germ through the organism of the mother. Homœopathy alone possesses this power, for it is only by infinitesimal doses that the deeper recesses of the animal economy can be specifically operated upon, and a new direction given to the vital processes of the reproductive organs. Allopathy, on the other hand, exhausts its influence upon the superficial tissues of the body, and, except in the cases in which the poisonous effects of mercury and other minerals are manifested, the organism is never penetrated by its remedies at all, and consequently no curative power can be exerted over the vices of the embryotic organism.

Numerous observations have been made of mothers, who, having lost their children at an early age, or having seen them afflicted with serious scrofulous affections, have submitted themselves throughout their pregnancy to the conservative prophylactic treatment, and have thereafter borne robust healthy children, whose growth was regularly and unusually progressive; and who have even been insensible to the influence of the vaccine virus, and equally unaffected by the ordinary diseases of childhood. It has been remarked repeatedly that very robust and continuously healthy children have been born of excessively sickly and unhealthy parents, (yet susceptible of the impression of the vaccine virus,) when the mothers had submitted to the ordinary homœopathic treatment for the indispositions which they had experienced during their pregnancy. The advantage cannot be too strongly enforced of paying the greatest attention to the constitution, and to the slightest symptoms of a pregnant woman whose health has been invaded by disorders of any peculiar or specific character, and to the administration of the medicines suitable to these circumstances, because by such means not only would the mother be relieved, but the constitution of the future infant would be ameliorated, and its robust health in many cases secured, or at all events enhanced. It is thus that the enlarged views of the great Founder of Homœopathy can be carried out and perfected, and the human race be regenerated,—by the cure of chronic, and the obliteration in embryo of hereditary disease.

*Sulphur*, 30, and *Calcarea*, 30, should be given to the mother alternately, from time to time, at different periods of her pregnancy, and at distant intervals, (immediate treatment of intermediary acute symptoms, requiring other medicines, excepted,) in order to purify the foetus from the psoric or scrofulous disposition which it may inherit from its parents, whenever any symptoms indicative of the presence of these miasms are present either in the parents or in previous



children. But if there be any suspicion of the syphilitic taint, as evidenced by the present or past history of the individuals, *Mercurius solubilis* should be given in a high degree of attenuation. On the other hand, however, to administer the medicines to the mother, *without any indication* afforded by symptoms past or present, during so susceptible a period as that of pregnancy, would be to act contrary to the principle, *similia similibus curantur*, and would probably provoke the manifestation of the primary symptoms of the drug, which might have the most serious consequences, such, for example, as hæmorrhage and abortion.

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#### TREATMENT DURING LABOUR.

Delivery by art would seem to be one of the results of civilisation ; whether the latter is to be condemned for this appliance (as one amongst other evils which have followed its train) we will not stop to inquire, but we may consider it a fortunate circumstance that art has kept pace with the necessities which the habits of civilised life have created ; and at the same time that we witness the comparative simplicity with which the processes of nature are carried on and completed amongst the subordinate animals, or in savage life, we may be grateful for the succours that enable us to meet the former difficulty.

The necessity which exists for the tutored skill of the accoucheur is, however, most apparent in the two extremes of civilised society. The soft and careful training, and the luxurious habits of the affluent, expose them to disordered actions of the vascular and nervous systems during the period of labour ; the privations and laborious mode of life which weigh upon the poor, dispose them to alterations of structure, and to painful and inflammatory derangements, which ob-

struct or complicate this otherwise natural process ; but the middle class, possessing only so much of the exposure and activity of the latter as amounts to active exercise and healthful recreation, and no more of the conservative habits of the former than suffices for the prevention of evil, have advantages which are not to be found anywhere else, and although even here it sometimes happens that art is requisite to assist nature in her operations, the instances are not common, and the homœopathic practitioner can do much to prevent the necessity for manual or instrumental interference.

We pass over the details of preparation, so well known to the accoucheur, and explained in the ordinary works on Practical Midwifery, and proceed to the consideration of the different stages of labour, and of the homœopathic treatment applicable thereto. In order that the expulsion of the *fœtus* may take place without accident, it is necessary, *first*, that the orifice of the uterus be sufficiently open to afford free passage to its contents ; *secondly*, that the contractions of the muscular fibres of the body of the uterus, aided by those of the diaphragm and abdominal muscles, be sufficiently strong for the expulsion of the child ; *thirdly*, that the channel through which the child has to pass does possess the necessary dimensions to afford it a free passage ; *fourthly*, that the size of the child be proportioned to the capacity of the passage which it has to traverse, and that it should present those parts of its own body which offer corresponding diameters.

The opening of the orifice of the uterus is gradually effected by the actions of pains which are called preparatory. The accoucheur should watch for the time when these pains assume a regular character.

When he is called upon to attend a woman who is suffering from these pains, he will assure himself as to whether or not the term of utero-gestation is completed ; and if not, he

should be guided by the instructions heretofore laid down in respect of False Pains, p. 139. If the history and the state of the os uteri indicate that the proper time for delivery has arrived, and the pains progress with regularity, he will, of course, let nature take her course. If the pains do not progress, he should inform himself by the touch of their nature, and if he does not feel the os uteri contract and relax during the pains, this will be a sign that they are false and evanescent.

He may administer a dose of *Pulsatilla* to disperse these pains if they are false, or to augment their force and regularity if they are premonitory of labour.

When, in spite of the pains being sufficiently strong and frequent, the distended membranes do not present, some deviation from the normal position of the infant may be suspected, or a shortening or twisting of the cord may exist. It is then important to ascertain by a careful examination, without risking the premature rupture of the membranes, the actual position of the child.

If a malposition be recognised, it will be prudent to administer a dose of *Pulsatilla*, before the rupture of the membranes, and without allowing the pains to proceed further. It has not unfrequently happened that an unfavorable presentation has been by this means converted into a favorable one, by the simple induction of the more natural and instinctive action of the uterus.

When the earliest pains are experienced, especially with first children, the patient is frequently seized with a certain dread or anxiety: she experiences a sort of trembling, which should not be confounded with that which is manifested at the moment when the pains become expulsive. This alarm and anxiety are usually dissipated by a calm and assured manner in the accoucheur, and in the other persons who surround the bed. All whispering or signs should be avoided, as the patient is very susceptible at this period, and is ready

to imagine every kind of evil. If the symptoms continue, a dose of *Aconite*, 30, should be given.

To keep the patient marching about at this time, is not always prudent; but this must be determined by the circumstances and condition of the patient.

If, notwithstanding the continuance of the pains, the os uteri continues closed with thick, pad-like edges, a dose of *Belladonna*, 30, may be given.

If this does not alter the condition of the os uteri, and the pains still continue, a dose of *Pulsatilla* may be given, ascertaining, as far as possible, the position of the child.

The formation of the pouch or bag of waters is subject to the same varieties, and from like causes; the same treatment may be adopted to facilitate the process. Notwithstanding the indications which he may have discovered of the position of the child before the rupture of the membranes, the accoucheur will not fail to ascertain it with more precision after that has taken place.

When, notwithstanding the administration of the remedies above named, the membranes are slow to break, the os uteri being sufficiently expanded, and the protrusion of the membranes being considerable,—the uterine efforts yet fail in producing an effect upon the descent of the child, in proportion to their severity,—then it will abridge the duration of the labour and greatly relieve the patient, to rupture the membranes.

With regard to the indications for manual or instrumental delivery, they are well known, and are treated of in other practical works upon that subject, being equally applicable as associated with Homœopathic treatment; but it may be borne in mind, that in all the positions of the head and inferior extremities of the child, the natural powers, aided by the administration of the suitable Homœopathic remedies, will greatly accomplish the desired end.



## HYGIENIC TREATMENT DURING LABOUR.

During the progress of labour, which may last from one to twenty-four hours—or even longer—the woman demands care and attention, to assist her in comfortably supporting the fatigue, suffering, and anxiety, which are induced by it.

When a woman is first seized with the premonitory symptoms of labour, she should remove all strings or ties, which may bind the body or the neck; should remain in a well-aired and moderately warm apartment; abstain from all indigestible food; and preserve, as much as possible, a cheerful and composed state of mind. Gentle exercise about the room will assist the operations of nature; but during the pains she should take up a convenient position, which may favour the efforts which she is constrained to make. After the escape of the waters, if not before, she should be placed in the position in which she intends to be delivered: the bed being properly prepared, she should lie on the left side, with the head and shoulders raised, and the body slightly on an inclination. During the first stage of labour, it will not be necessary to make frequent examinations; but during the other stages, it is important to watch the progress closely. The accoucheur should remove from the vicinity of his patient every kind of odorous substance, aromatics, orange-flower water, Eau-de-Cologne, &c.

The best drinks for her will be gruel, sago, barley-water, toast-water, milk and water, a cup of weak black tea; or, if the labour is protracted, panado, beef-tea, or light vegetable soups. Light food, however, is apt at this time to turn sour, and create heartburn. All spiced gruel, cordials, stimulants, coffee, &c., should be forbidden.

## MEDICAL TREATMENT DURING LABOUR.

The condition of the mother may likewise exert some influence on the progress of the labour, by causing either a

diminution or cessation of the pains ; fainting, cerebral congestions, convulsions, and hæmorrhage.

When the pains are too feeble and slow, and do not augment progressively, as they ought to do, if the child presents one of the extremities at the longitudinal axis, and if the patient be in other respects well, the accoucheur need not be precipitate in administering a remedy, as in this case the medicine might induce a sudden augmentation of the uterine action, and rupture of the perinæum might possibly ensue, as the consequence. But if the waters have escaped for some length of time, and if the patient be feeble, the pains failing to increase in force or frequency, the best means to excite and render them effective is to give *Pulsatilla*, 30. Two globules dissolved in half a wine-glass of water, will generally suffice. The effect of *Ergot of Rye* (*Secale cornutum*), is not to be compared to that of *Pulsatilla*, in the generality of cases ; but is preferable in some. In about ten minutes the pains return, become strong, expulsive, and recur with successive augmentation, until the end. However, if the patient should be very feeble, and be troubled with cramps in the legs and feet, and if she has already had several children, *Secale cornutum*, 30, may be given ;—three globules being dissolved in a wine-glassful of water, and a teaspoonful of the solution being administered every half hour, until the pains are developed. *Secale cornutum*, given in Allopathic doses, has often been productive of serious results.

Inflammation of the uterus ; rupture of the perinæum, death of the child ; suicidal disposition in the mother, are amongst the ill-effects that have followed the use of that drug in the old method ; but it was never known that these were some of the primitive effects of the drug.

When the pains settle principally in the back, without effectively promoting the progress of the labour, *Pulsatilla* will again be found very serviceable.

If the pains have been arrested by a moral cause, such as



bad news, anger, &c., the remedy suitable to the cause must be immediately administered.

If, after having proceeded regularly for some time, the pains should be suddenly arrested, without any specific cause, and heaviness of the head, drowsiness, &c., stiffness and trembling of the limbs should ensue, we prescribe—

*Opium*, (tinct.) 6,

two drops in four table-spoonfuls of water; of which mixture a teaspoonful should be given every half hour, until the cessation of the symptoms and the return of the pains.

The pains may also be ineffectual, in consequence of the excessive nervous sensibility of the patient, the severity of whose sufferings would seem to arrest the complete development of the uterine contractions. In this case, the patient cries much, is agitated, and finds the pains insupportable.

A dose of *Coffea*, 6, will moderate this exalted sensibility, and restore the pains to their regular course. If the relief afforded by this medicine be of short duration, or if the patient has been accustomed to the use of coffee as a beverage, *Aconite* should be given. When these insupportable pains are accompanied by a constant desire to have a motion, or to pass water, attended with ill-humour, impatience, or disposition to grieve, we give *Nux vomica*. If the violent pains are accompanied by nervous anxiety and agitation, with shakings in the limbs, inquietude, fear, tears and despair, *Chamomilla* should be given. If these means have not produced a sensible relief at the end of an hour, *Belladonna* must be administered.

*Fainting* is an unfavorable occurrence during labour, and sometimes a very serious one, as it may indicate the occurrence of an internal hæmorrhage, which is not perceptible by external discharge, and might cause the death of the mother and child. When the patient feels faint and ill, if it be the effect of inanition, nourishment must be given—

such as beef-tea, or a little sound wine ;—if the disposition to faintness does not depend on this cause, *Nux vomica* is the most suitable medicine ; and this remedy will also be the more efficacious, if the patient is feeble, subject to pains in the stomach,—or has nausea, with pallor, anguish, and trembling.

*Veratrum* will be preferable when the fainting happens on the least movement, and the patient experiences anguish, dejection of spirits, or some convulsive disposition, with general coldness.

*Aconite*, 30,—nine globules, dissolved in a wine-glass of water, of which solution a teaspoonful should be given every hour—is appropriate, if the faintness is attended by violent palpitations of the heart, flow of blood to the head, &c.

If the faintness is judged to arise from internal hæmorrhage, recourse must be had either to rupture of the membranes, or to the remedies indicated under that head, which will induce more active contractions of the uterus, and terminate the labour speedily, and so prevent a recurrence of the faintness.

*Pulsatilla* and *Secale cornutum* will fulfil these indications very well, especially the latter, if the hæmorrhage has already been considerable, and continues ; in this case, *two drops* of the *tincture* (30th dil.) should be mixed in a wine-glassful of water, and one teaspoonful of the mixture given every five minutes, until the complete expulsion of the contents of the uterus.

In dangerous cases, the practitioner should be ready to terminate the delivery by the feet, if the medicines do not very speedily show some decisive action.

#### OBSTACLES IN THE MATERNAL PASSAGES WHICH OPPOSE DELIVERY.

These consist in deformities of the pelvis, which narrow the diameters ; or in osseous tumours, which produce the

same effect ; or in tumours developed in the body, the neck, or orifice of the uterus,—or in the membranes of the vagina,—or at the vulva ;—and in a congenital or accidental, and morbid contraction of the vagina, or vulva.

The accoucheur ought to ascertain, as soon as possible, during pregnancy, (but especially during labour, if he has not done so before,) the state of the pelvis, and the passages through which the child has to pass ; to decide whether delivery can take place naturally, or if there be any obstacles which demand the aid of artificial means, that they may be removed before or during the process of labour, or be overcome in case they cannot be removed,—or that he may be prepared to resort to ulterior measures, if such obstacles be evidently insuperable.

Malformation of the pelvis, or the existence of tumours which leave only two inches and a half of diameter, require of the accoucheur only patience and attention to sustain the expulsive powers of the mother, by the means before pointed out, since delivery may, after all, take place without instrumental interference ; but if the labour should have continued thirty, or, as sometimes happens in these cases, sixty hours, and the pains begin to fail, *Secale cornutum*, 30, should be administered,—six globules being dissolved in a wine-glassful of water, and a teaspoonful of the solution given every ten minutes ;—this will often re-excite the uterine contractions, and expedite the delivery. Tumours of the soft parts ought to be treated during pregnancy, if they be made known to the practitioner : during labour, he can only endeavour to remove them by manipulations suitable to the parts ; and if he cannot thus accomplish his object, he should administer such medicines as will aid the uterine contractions to overcome the obstacle.

If that obstacle should be a vaginal hernia, a dose of *Nuxvomica* will probably produce a reduction of it, and render any further treatment unnecessary.

The escape of the umbilical cord will require, likewise, the employment of *Pulsatilla*, if one cannot succeed in maintaining its reduction in *situ proprio*. When contraction of the vagina is congenital, and occurs without induration, or any other morbid organic alteration, the efforts of nature ordinarily suffice to overcome the obstacles to delivery.

If the contraction of the vagina is produced by a tumour in its parietes, or surrounding tissues, it must be remedied according to the necessity of the case, as long as possible before the period of delivery. This injunction is equally applicable to the obstacles presented by the narrowing, or contraction of the vulva.

When the hymen has continued un-ruptured, it will be destroyed by the gradual dilatations, or by an incision made before the termination of the pregnancy, in order to prevent the tearing of the membrane, which might involve that of the perinæum, during the passage of the head.

In cases of inflammation, with swelling of the vagina and vulva, the medium dilutions of *Mercurius solubilis* will avail greatly to reduce them : the dose should be repeated every four or six hours. *Thuja* is likewise very useful in these cases.

Sometimes, especially with primiparæ, the vulva, although it has a normal conformation, seems to offer an insurmountable obstacle to the delivery, owing to the too rapid distension demanded by the activity of the pains : this circumstance arrests the expulsive efforts, and threatens to produce convulsions. The pomade, or other greasy material, with which the parts are usually lubricated, is of no real use.

*Coffea*, 6,—three globules being dissolved in a wine-glassful of water, and a teaspoonful of the solution given every ten minutes,—will calm the pains, and give time to the tissues to yield to the distension necessary for the passage of the infant. In order, under these circumstances, to preserve the perinæum from rupture by the passage of the head, it is prudent to



support it with the hand,—not applied directly upon the distended skin of the part,—but by endeavouring to draw, or bring together, the skin of the neighbouring parts towards the perinæum, to relax it as much as possible, and so facilitate the distension, by means of the fingers and thumb pressed upon the contiguous fold of the thighs: a pressure made upon the parts, at this moment, weakens the resistance of the fibres, and facilitates, rather than prevents, the laceration.

*The obstacles offered by the infant* to delivery are very little under the influence of medicine. False positions, if they have not been changed by the treatment advised heretofore, require manual assistance. Enlargement of the head, hydrocephalus, and other deformities, are also in the same category, if the practitioner does not consider, that the dynamic action of *Pulsatilla*, or *Secale*, will be sufficient to put nature in a condition to expel the whole.

The evils resulting from a short umbilical cord, may be obviated by the use of Homœopathic remedies. When there is reason to suppose that this cause is operating counter to the advance of the labour, as indicated by the usual signs,—such as, the undue tardiness with which the head advances during the uterine contractions, the prompt retraction which takes place the instant that the expulsive effort is passed, the sudden suspension of the contraction, just when it seems to have attained its highest degree, a dragging sensation felt about the umbilicus by the woman during the pain, and an anxiety as if the parts would be plucked out,—*Pulsatilla* should be given as heretofore pointed out, and the labour will proceed so as to prevent all accident to the mother and child.

When the child is known to be dead, particularly if it has been dead for some time, a certain degree of debility with which the mother is impressed, if not the absence of resistance on the part of the child to the expulsive efforts of the

uterus, induces a protracted and tardy labour. In this case the administration of *China*, 18,—six globules being dissolved in a wine-glassful of water, and the solution being given by the teaspoonful every hour or two,—will dissipate the symptoms. Then, if the pains still continue inefficient, a dose of *Secale* or *Pulsatilla* may be given as before directed.

Dr. Kollenbach of Berlin has stated, that he never experienced any advantage from the use of *Pulsatilla* or *Secale*, when administered with a view to produce the expulsive contractions of the uterus during labour. This assertion of that intelligent physician can only be explained by the fact, that he administered usually from three to five drops of the mother tincture, and never exhibited either of these medicines above the third dilution. He gave five drops of the mother tincture of *Pulsatilla* to a parturient woman; she experienced after it only considerable malaise, but without any augmentation of the pains! The extreme susceptibility of the constitution of the woman at this time prevents the reaction of the remedy taking effect, when overpowered by so potent a dose; or in other words, the vital powers being already much exhausted by the pains and other circumstances of the labour, are overpowered, so far as their reactive capabilities are concerned, by the low potency; whereas a higher dilution just insures a gentle and adequate reaction. It may be asked, how can the extreme susceptibility of the system be reconciled with the exhausted vitality here supposed? I reply,—in the same manner in which a high degree of vascular action is reconciled with little power, as constantly occurs in febrile, nervous states of the body. It is, moreover, the predominant condition in the puerperal and suckling states.

It is well known, too, that parturient women are readily affected by the slightest odour, from the exalted state of their nervous susceptibility. It was common for a celebrated ac-



coucheur to advise his pupils not to bear about with them odoriferous substances ; because, one day, he was visiting a patient in labour, who, almost immediately after he was seated, was observed to faint away, although she had been perfectly well till that time ; and he discovered that this casualty had been occasioned by the scent of a violet which he had in his button-hole. To so sensitive a condition of the system, is it not more suitable to apply remedies as attenuated as possible ?

## TREATMENT AFTER DELIVERY.

It often happens that the uterus is affected with irregular muscular contractions after the birth of the child, which either cause a disposition to hæmorrhage, or a retention of the placenta by the hour-glass contraction. This more especially takes place in nervous or irritable subjects, who have been more or less exhausted by the course of the labour. The best means to avert this disposition, is to administer the following, immediately after the child is separated :—

*Arnica*, (tinct.) 3,

two drops in four table-spoonfuls of water ; a teaspoonful of this mixture being administered every five or ten minutes. It will be found to soothe the system so satisfactorily, that the placenta is thrown off more perfectly, and the uterine contractions are effectively completed. I uniformly adopt this practice, as it cannot always be predicted when hæmorrhage will occur, and I have found it avert the evil which, in former labours, had invariably ensued. It may also be given at longer intervals during the first day, unless it be found necessary to administer the remedies recommended for After-Pains.

## RETENTION OF THE PLACENTA.

Shortly after the expulsion of the child, the mother com-

plaints of some slight pains in the abdomen, accompanied by an expulsive effort, which is followed by the extrusion of the placenta and membranes of the ovum (or after-birth). This occurrence occasionally takes place at the same time with the birth of the child, the last expulsive pain detaching and expelling the secundines along with the infant. But the time usually varies from a quarter to half an hour: sometimes, however, a longer time elapses; no pains are felt which indicate the renewed uterine contractions; and on passing the fingers up along the cord it is traceable into the cavity of the uterus, and the placenta is not to be felt in the vagina.

In this case, traction of the cord is unavoidable; but light frictions of the abdomen may be practised, and if these fail to induce the requisite contractions, *Pulsatilla* should be given, as before directed. This will generally reanimate the uterus; and if the placenta is retained by any irregular contractions of the uterine walls, it will determine a more equable and perfect action of the muscular fibres.

If the patient should be very feeble, from the nature or circumstances of the preceding labour, *Secale cornutum*, 30, is to be preferred, and may be given in the same manner.

#### HÆMORRHAGE AFTER DELIVERY.

This is the most dangerous accident to which a woman can be subjected after delivery. When the child is born, or during the separation of the after-birth, a small quantity of blood escapes, which varies in proportion to its slow or rapid detachment. The accoucheur should never lose sight of this discharge, to be assured that it does not exceed the proper quantity. If it be too abundant, he will seek for the cause of this casualty, in order to correct it at once by suitable means. If the hæmorrhage be produced by adherent placenta, or by inertia of the uterus, and the absence of the contractions of this organ necessary to close the

mouths of the vessels which have been exposed by the partial or entire detachment of the placenta, recourse must be had to *Pulsatilla* or *Secale cornutum*. In this case, as in all those in which there is a continued loss of the fluids of the body, the dose must be repeated very frequently, (every five or ten minutes,) until the hæmorrhage diminishes, and then the intervals may be prolonged in proportion. The same remedies will be indicated, if a coagulum, being arrested, at the orifice of the womb, interferes with its due contraction, and so admits of the continued flow of blood.

Occasionally, the blood poured out by unclosed vessels is collected and retained within the uterine cavity, which continues to be additionally dilated by the augmentation of its contents, and gives rise to faintings and other symptoms indicative of danger, without any outward escape of the blood. This internal hæmorrhage is apt to be overlooked, until the state of the patient excites alarm. This modification of uterine hæmorrhage is also under the control of the medicines which exercise a specific action upon the muscular fibres of the uterus, and which, at the same time, correspond to the hæmorrhage; here, again, the two remedies previously mentioned, *Pulsatilla* and *Secale cornutum*, are most useful; but sometimes *Sabina*, *Belladonna*, or *Nux vomica*, may be substituted for them, if in more exact accordance with the symptoms.

Sometimes after delivery the hæmorrhage is frightful, occurs in a moment, with a continuous stream of red and liquid blood; in this case *Ipecacuanha*, 6, is the remedy best indicated, especially if the hæmorrhage is accompanied by pains in the umbilical region, with pressure in the uterus and towards the rectum, chills, heat of the head, great debility, paleness of face, and nausea.

The administration should be regulated as follows:—

*Ipecacuanha*, (tinct.) 6,

two drops in four table-spoonfuls of water ; a teaspoonful of this mixture being given every three or five minutes.

*Sabina* is likewise very useful when the blood is grumous, and the discharge is attended with pains in the belly and loins, resembling the pains of labour.

*Crocus* is indicated, here as in epistaxis, when the blood is black, viscid, and mixed with large clots ; also when the woman feels movements in the belly, as if there were a ball, or something alive, and when yellow countenance, anxiety, disturbed vision, and frequent fits of fainting are manifested.

*Chamomilla* is required if the blood be of a deep-red colour, and escapes by jets, the discharge being attended with expulsive pains in the belly, violent thirst, coldness of the limbs, paleness or redness of the face alternately, or of one cheek, and attacks of fainting.

*Belladonna* will be preferable when the pains are violent, compressive, and tight ; with sensation of constriction or compression in that region ; and a kind of pressure at the genital parts, as if the womb would pass out, with a pain in the sacrum, as though it would break.

*Hyoscyamus* is useful under much the same circumstances as *Ipecacuanha*. When, however, the hæmorrhage is attended by convulsive movements, and even by real convulsions ; especially likewise when the subjoined symptoms occur :—great agitation, extraordinary vivacity, general trembling or stiffening of the limbs, confusion of sight, loss of sense, delirium, twitchings of the tendons, or convulsive shakings in the limbs, which alternate with a tetanic rigidity ; general heat, with fulness and frequency of the pulse ; swelling of the veins of the hands and face.

*Ferrum* will be successful when the woman shows symptoms of excitement of the arterial system, with headache, vertigo, red, turgid face, full and hard pulse ; if the blood



escapes in abundance, partly liquid, partly mixed with black clots, and the discharge is attended with pains in the loins and expulsive pains in the belly.

*China*, 18, may be given if the loss of blood has been considerable, or does not cease on the administration of other remedies; even where the exhaustion of vital power is extreme, and there are apprehensions of a fatal result; or again when there are the following symptoms:—dizziness of the head, loss of vision, weariness, faintness, coldness of the limbs, paleness of the face, or bluish colour of the face and hands, with convulsive shocks.

We will here recapitulate and venture upon a few practical hints, which shall refer to very frequent occurrences in the course of what would be called ordinary labours, and will be as useful to enquirers, in enabling them to soothe the anxious hours of protracted labour, and in shortening its duration.

Starting, then, from the time when the patient finds labour to have commenced, by pains in the back, often called grinding pains, which may be protracted and of some severity, we find *Belladonna*, 12th dil., eminently serviceable, especially if there be a general inquietude or agitation of the nervous system, a flushing of the face, or headache. It shortens the duration of this stage, and adds much to the comfort of the patient. The medicine should be administered every five or ten minutes. I usually mix two or three drops of the dilution in half a tumbler of water, and give a dessert spoonful at a dose for an hour.

The next point worthy of notice is, when labour having begun the pains fail to assume a regular course, become intermittent in character, and harass the patient without advancing the labour. This usually depends upon irregular nervous action, and occurs chiefly in nervous subjects. The administration of *Pulsatilla* 12 or 30 under these circumstances allays the irregular action and fixes the pains in a

steady and definite course, when labour usually progresses in a normal manner, whereby time is again saved. The medicines are given in the same manner on all these occasions.

The third point is a more important and often more demonstrable one, namely, *rigidity of the os*, where it presents a firm, unyielding edge, tender and dry, as though inflamed, or opposes a thick, substantial pad to all progress, while the patient, exhausted by the natural efforts, cries out in despair of the speedy termination of her sufferings. In such cases I have in earlier days administered an opiate and left my patient for hours, or assiduously applied hot fomentations; but the exhibition of *Belladonna* 30 every five minutes will not infrequently act like magic, and when two or three doses have been taken in the manner indicated above, the whole scene has been changed, expansion all at once takes place, and the terminal crisis has arrived. Such marvels are only to be seen in the practice of homœopathy.

Again, the *failure or cessation* of uterine action is another condition which occurs in the progress of a slow labour. It takes place in persons of feeble habit, whose nerve-power becomes easily exhausted. *Pulsatilla* 30 is in this case a very effectual aid, and seems to reanimate the nervous system by allaying inordinate or spasmodic action, as well as by its special influence on the uterus itself, promoting its contraction. Corresponding with this remedy, though useful in a different class of subjects, is *Secale cornutum* 30, from which I have seen as rapid effects as described under the head of the *rigidity of the os* treated by means of *Belladonna*. The specific action of *Secale* seems at times to be as energetic in our attenuations as in the crude drug, but it must be chosen with regard to its applicability to the particular case; only, when it does act with perfect homœopathicity it is rapid but not exhausting, and leaves no irregular action or suffering to



follow, as is often the case with the allopathic dose of ergot. The characteristic conditions to which it is applicable are, a weak and cachectic organization, inertia from a want of vitality in the uterus, and absence of pains towards the end of labour.

Assuming the child to have now passed into the world, a pause ensues for the revival of the patient, when the delivery of the placenta attracts the attention of the accoucheur. It may pass almost simultaneously, detached by the final pain which causes the appearance of the child, or time may go on and no recurrence of pain take place. It might be well to wait, as in the old system, if we had not such valuable agents at hand in our homœopathic case, potent for good but impotent for evil; so here exercising our judgment as to whether the patient has fairly revived from the immediate fatigue of the last exertions, we administer a dose or two of the same *Pulsatilla*, which will again be found readily to respond to the requirements of the patient, and excite efforts sufficient to achieve our object.

*Secale* 30 will here again answer the same purpose.

But in some nervous subjects, when tremors supervene at this stage, an equally, or in cases more especially where there is a tendency to hæmorrhage, even a more singularly effective remedy is *Ignatia* 3. It acts as a stimulant to the ganglionic nervous system, gives tone to the organic nerves, revives the flagging energies, arouses the uterine contractions, arrests the tremors, and causes quiet, easy placental expulsion. X

A lady of weakly constitution once said to me, soon after the birth of the child, "My after-birth never moves under an hour." "Oh, indeed!" was my reply. At the time there was no evidence of uterine action. I immediately gave her a dose of *Ignatia*, and in five minutes there was the sensation of its movement, and in five minutes more the process was completed, without any manual interference.

In all these instances of medicinal application for the relief of abnormal deviations or irregularities occurring in the course of a natural process, we cannot but recognise the value of a therapeutic law, by which we are enabled, with the smallest possible amount of medicinal action, to modify, increase and control the organic actions, and to remove obstructions to the proper action of the *vis medicatrix naturæ*.

Once again the patient has arrived at a stage of repose, but soon the reaction of the system, and possibly the oozing into the uterine cavity, give rise to contractions of a painful character called *after-pains*. The patient, however, under ordinary circumstances should be left for *two hours*, when one drop of *Arnica montana*, 3rd dil., may be given. This removes the painful smarting of the fourchette; but if after this the pains are troublesome, tinct. *Chamomillæ* 3 or *Coffea* 12 may be given every three hours. If they are very severe, *Ignatia* 12 or *Pulsatilla* 30 will be the best remedies, as indicated by the characteristic temperament of the individual. *Gelsemium sempervirens* is also an excellent remedy. So also are *Bellad.* 6 and *Secale* 3.

The disturbing occurrence of post-partal hæmorrhage is too extensive a subject to be included at this time; but its treatment by homœopathic remedies presents many points of the deepest interest to the accoucheur, and offers to the patient an immunity from danger—not unfrequently the difference between life and death—compared with which, allopathic treatment in the most experienced hands is a perfect nullity.

At this period of the management of the patient, the question arises (being about the third day), what is to be done for the bowels? To this it might be briefly replied, *nothing*; since purgatives are not needful, and as used by the allopathic school are very injurious, frequently being the signal for a fresh commotion of the system, and disturbing

the natural course of events in the preparation of the sustenance of the child. Moreover, after a fatiguing labour, in which the contents of the pelvis have sustained undue pressure in some parts and undue distension with temporary displacement in others, is it not reasonable to suppose that a few days' or a week's quiet may be necessary for the internal organs to recover their normal elasticity—indeed, their recuperative power—without being disturbed by the rattling through them on the third day of an active purgative? It is a monstrous theory that is taught in the old schools of medicine, that on the day on which nature is culminating her efforts to insure the full lacteal tide, and thereby securing a healthful prophylactic diversion of irritation away from the pelvic organs, the duty of the accoucheur is to set up a fresh irritation in the immediate neighbourhood of those organs, in order to keep down the milk which nature is occupied in furnishing! Is this to aid nature in her necessary as well as salutary process? Is it not rather to introduce an explosive atom which may diffuse an irritation in the system, the consequences of which are too often seen in a protracted convalescence and an abortive nursing?

When opiates are not given, then, an aperient is not needed. In many instances the tone of the intestinal canal is restored as a matter of course, and the action of the bowels will take place about the fourth or fifth day, sometimes earlier, in an easy, quiet, undisturbing way; but the patient must never be allowed to sit up. During this time the milk fills the breasts, accompanied by a moderate febricula, which in some persons is evidenced by a slight confusion in the head, a sense of lightness, a morbid sensibility to sound, and thirst; in others, positive headache and flushing. But a purgative is not required to dissipate these symptoms; and it will be found the safest practice to enjoin quiet, diluent drinks, a darkened room, and the exhi-

bition of *Aconitum napellus* 30 every three hours, for one day, when the headache is slight, or for two days if the access is more active. With this plan milk fever, that bugbear of nurses and of the old system, will never appear, unless it be from some accidental mental shock, just as the milk crisis is at the height.

The fifth day will by this time have been reached. If on the sixth day the bowels have not acted spontaneously, an enema may be given of warm soapsuds and water, and repeated any time afterwards, as required. There are cases, however, in which, from the pressure exerted on the colon during pregnancy, a paralytic condition of the large bowel has been created, and a collection has accrued high up, beyond the reach of an enema, and occasionally flatulent colic causes some disquietude to the patient. If this should occur before the sixth day, it must of course be met by suitable remedies, but not by a purgative. The objection to a purge is, that supposing it to be *to all appearance* innocuous, it will every now and then occasion so much mischief, either in lighting up inflammation or inducing a forcing action downwards, involving the whole contents of the pelvis, that prolapsus is the result, or phlebitis, or hæmorrhoids, and it is unwise, as it is unnecessary, to submit your patient to the hazard of such evils, when nothing is required but a little patience. The torpid and embarrassed colon may then be managed by the administration of the following prescription :

R *Nucis vomicæ*, 6th dil., one drop at night; to be followed by *Sulphur*, 6th dil., one drop next morning. The following day, *if required*, *Plumbum metal.*, 5th dil., in the morning, *Opium*, 1st dil., at night, will be the best aid to remove any further constipation. In some subjects, where the bilious temperament prevails, *Bryonia alb.*, 6th dil., will be found more characteristic than *Nux vomica*, to be given in conjunction with *Hepar s. c.*



Sometimes, however, the movement is so gradual, the tone of the colon not recovering itself quickly, and the rectum partaking of the paralytic torpor, that the lower bowel becomes loaded with scybalæ or *adhesive* excrement. Such would be the case sometimes, even when castor oil has been given and failed; at this point, then, the interposition of an enema will often complete the relief, but if not, then *Zincum*, 3rd trituration, one grain placed on the tongue, and repeated in three hours, if required, will be found an effectual remedy.

During the administration of these remedies, no fear need trouble the practitioner as to results; for it is almost an axiom, that when a homœopathic remedy is being taken for the relief of constipation, all the adventitious symptoms or discomforts subside more or less long before, even in the entire absence of defæcation.

Confident in the safety of these remedies, I endeavour to impart the same confidence to my patient, and preach patience and security to the nurse, and am seldom troubled or disappointed by the result. I have often had my patient go on without the least harm, but with ultimate benefit, to the tenth or fourteenth day after delivery without an action of the bowels. Occasionally a patient, or her mother, or a self-willed nurse, will insist on a dose of oil. Then I say, "You must take it on your own responsibility, and chance the consequences; but if you will take my advice you will be content, and only have patience." This of course is not the ordinary course of things, as usually all goes on smoothly, and nature needs no interference beyond the enema, or if she does, a dose of *Bryonia* or *Nux vomica* at night, followed by *Opium*, 1st dil., one drop in the morning, will be all sufficient.

In the course of these remarks I have specified certain dilutions of the medicines as a guide to the treatment. It is not my intention to declare that no other dilutions would answer the purpose; but I must positively assert that these



are the potencies which I have found most effectual and perfectly sufficient in relation to the several conditions of which I have treated. Whether, in the abnormal states of the os uteri, its susceptibility is exalted to such a degree that the medicinal influence of the 30th potency of *Belladonna* is immediately communicated by the sentient nerves and accomplishes the result, I cannot say; its efficiency is without doubt. During the progress of labour there is a state of erethism of the whole system, which is often communicated to the os, acting in a measure as a sphincter, or it may be compared in the delicacy of its circular contractions almost with the iris itself. How small a ray of the imponderable light influences the iridic movements! Why should not an imponderable quantity of *Belladonna* influence the delicate contractions of the os uteri, under the sensitive conditions in which it is found in labour? Our law of "*Similia similibus*" instructs us to expect that it would do so; we put it to the practical test, and have proved the result.—'Monthly Homœopathic Review,' November 1st, 1868.

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### THE PUERPERAL STATE.

The great errors which have been committed in the treatment of the diseases of pregnancy and the puerperal state, have arisen from a want of duly studying and taking into consideration the several peculiar and special conditions incident to those two states. Whilst on the one hand, they differ materially in their essential features, not only with regard to each other, but also in comparison with the ordinary diseases to which the organs are subject, apart from the parturient or puerperal condition; on the other hand, they agree in being connected with a peculiar manifestation of the nervous and vascular systems which obtains at those periods, and which rules and controls the character of

disease. In pregnancy, if one might make the distinction, we should say that the development of the vascular system prevails most, and consequently lends the type to the diseases to which the female economy is liable during that period.

In the puerperal state, the nervous system, rendered still more susceptible by the various circumstances attending parturition, exercises a more prevalent influence over the diseases of that period.

But in the parturient state, the combined operation of the two regulates or controls any morbid operations which may be going on during its continuance.

Individual idiosyncrasy, or peculiarity of temperament, will undoubtedly exert a powerful influence over the character of disease developed during either of these important periods; but these instances are rare, and form exceptions to the rule.

It may readily be conceived, that the predominant action of the nervous system, in a delicate and irritable subject, would, under the operation of exciting causes, more easily induce neuralgiæ of various kinds in the pregnant state; in the parturient, convulsions of an hysterical or epileptic character; or, in the puerperal, intestinal irritation, mania, or melancholia; whilst in a robust, plethoric, and entonic or sanguineous subject, the same abounding influence of the vascular system would more surely determine the development of congestions or inflammations in the first; the more alarming form of cerebral convulsions in the second; and phrenitis in the third.

Nevertheless, the peculiarity which marks the puerperal state would seem to depend upon a modification of the nervous system, characterised especially by increased susceptibility to impressions, and increased mobility, closely allied to that state, which exists during morbid or protracted lactation, in fact in diminished sensorial power. The aroused

susceptibility, which is thus developed throughout the entire animal economy, gives occasion to that series of morbid actions in distant and apparently dissimilar organs, which we often find to prevail in the puerperal state, and which are held together by the extensive sympathetic and associated relations, as by an invisible link whose existence under ordinary circumstances is so little patent to observation.

Under these circumstances, it requires no reasoning to prove, that a moderate degree of local irritation would produce a dangerous extent of vital exhaustion, as is witnessed in intestinal irritation during the puerperal state; or in the effect of nursing, when the system is not in a condition to bear it.

The converse is also observed, when a total failure of the lacteal secretion takes place, owing to a general morbid irritability of the system, which absorbs all the nervous influence, and thereby prevents the establishment of the temporary function.

“In puerperal diseases it is more especially true, that observation of the disease throws more light on its morbid anatomy, than its morbid anatomy on the nature of the disease. The symptoms illustrate the morbid appearances better than the dead morbid appearances do the living symptoms.”<sup>1</sup>

These just remarks of Dr. Gooch can only be explicable on the ground, that the diseases to which the puerperal state is most obnoxious are diseases of the nervous system, the proximate causes of which are, to a great extent, involved in obscurity. In estimating correctly the various affections of the puerperal state, it is essential, then, to bear in mind this peculiar modification of nervous susceptibility or power by which that state is characterised, by doing which we shall avoid many of the errors of hygiene, regimen and medicine, which have too often led to fatal consequences.

<sup>1</sup> Gooch on ‘Diseases of Women.’

The uterus, having been duly supplied with an augmentation of vascular and nervous tissue, and consequently also of energy, both of which have been subservient to the purposes of utero-gestation, becomes suddenly altered in its condition by the act of parturition. It may appear astonishing that the accumulated supply of the vascular and nervous structures, solid and fluid, which has been the work of months, should, in the brief space of an hour or two, be disposed of, and reduced to its former ordinary limits; but this is one of the arcana of nature, and proves "how fearfully and wonderfully we are made." The vascular supply escapes by the normal discharges from the uterus, during and after parturition, both in the actual loss of blood at the time, which in some cases is considerable, as well as in the lochia which follow. The nervous supply is exhausted, partly by the parturient efforts, to which I think it may fairly be attributed, and partly in consequence of the exhaustion caused by the hæmorrhage and lochial discharges, both the blood-vessels and nerves being for the time obliterated, by the contraction of the uterine fibres.

The immediate effect of this process is what has been denominated "the shock."

For the most part, after a labour of great difficulty, even if the patient be of a sound constitution, only a moderate perturbation of the system is produced, and two or three hours' rest, especially if accompanied by sleep, is sufficient to restore the equilibrium. In other cases, however, an imperfect reaction takes place, symptoms of depression or exhaustion are manifested, or reaction occurs too forcibly, passes beyond the boundaries of health, and induces proximate and remote evils.

The susceptibility of the organism, during this condition, is very great; slight causes operate unfavorably upon it, and a strong predisposition to morbid action exists.

The form which this morbid action may take, when lit up

in the system, under such circumstances, is determined by a variety of causes. *First*: the state of health of the individual prior to parturition;—*secondly*: the degree of exhaustion or inanition which has ensued upon it;—*thirdly*: the operating causes;—*fourthly*: the individual temperament;—*fifthly*: the state of the organs themselves, and of others associated by sympathetic relations with them.

1. The state of health previous to parturition may materially influence the recovery after that event. The practitioner should, therefore, take care that, as far as possible, the different functions of the body, if disordered, be restored to a tolerably healthy condition. The state of the abdominal and thoracic organs, of the brain, and of the nervous system, should be carefully inquired into; all congestions speedily removed, and tendencies to irregular actions, whether of the circulatory or nervous functions, watched and controlled. It is not uncommon for passive congestions, or subacute inflammations of the abdominal viscera, to exist in a dormant state during the latter periods of pregnancy, and to become developed when the reaction from the shock of parturition has taken place: in the same manner a morbid irritability of the brain and spinal marrow may be acquired during the pregnant state, and may give rise to convulsions evoked by an exhausting hæmorrhage. The uterus may undergo change during pregnancy, from subacute inflammatory action, which may induce a state of softening, and this may predispose to rupture, or hæmorrhage, or inflammation of its substance, phlebitis, peritonitis, or puerperal fever.

2. Exhaustion of the vital power, either from hæmorrhage or long-continued suffering, is often productive of present and remote effects of a dangerous character; convulsions; syncope; morbid lactation; and all the ill-effects of loss of blood.

3. It is important to avoid or remove all causes which have a tendency to excite, keep up, or to predispose to



morbid action; such as the various mental emotions, the elevating or depressing passions, errors of regimen or diet, the influences of close, impure, and miasmatic air, foul exhalations, imperfect ventilation, and infectious effluvia. These, for the most part, conduce to the production of mental diseases; colics and diarrhœas,—and of the peritoneal or puerperal fevers.

4. The individual temperament,—if sanguineous and plethoric,—may dispose to the developing of phrenitis or acute mania, to inflammatory conditions of different organs, to active congestions;—if nervous or melancholic,—to melancholia, to intestinal or uterine irritation, and to passive hæmorrhages.

5. The uterus may contain within its cavity sources of irritation, which can be the exciting causes of disease; such as coagula, morbid lochia, displacement of the organ, &c. In the category of associated actions and sympathies we have the influence of lactation upon the puerperal state; this too is very important. If, in the ordinary state of health, the establishment of this function gives rise to little inconvenience, it is yet well known how slight a cause will disturb it; and in some instances, where a morbid state of the constitution exists, the febrile irritation which accompanies its access is fraught with dangerous consequences. A lady upon whom I was attending, and whose nervous system was unusually impressible, had a morbid pregnancy, which commenced with severe vomitings; then followed violent periodical palpitations, and, in the latter months, an attack of hysteritis. She was confined of a living child, without any casualty during or immediately after labour. Three days passed over without any appearance of the milk; in other respects she seemed to be doing perfectly well; there was no other morbid symptom. On the fourth day, however, a rush of milk occurred, which was attended with such an amount of irritation, that she was immediately

attacked with pain in the abdomen, and acute inflammation of the womb set in. The approach of the milk caused a violent thrill through her frame, which was followed by rigor. The hysteritis proceeded; the milk, which was so abundant for one day, disappeared: she slowly recovered from the attack; but the heart then took up a morbid action, and dropsy terminated her life some months afterwards.

Dr. Gooch relates an analogous case, in which mania was the disease developed at the time when the lacteal secretion was expected.

There is no doubt, that in the puerperal state, as well as in the peculiar condition of system, which sometimes obtains during protracted and morbid lactation, there is a predisposition to the occurrence of mania, melancholia, and some corporeal diseases; the former, it may be inferred, more especially depends upon the proneness to ready exhaustion of the sensorial power, which prevails in these subjects, while the latter may have the same relation, with a constitutional predisposition to exhaustion of other parts of the nervous system, co-operating with some local irritation. In illustration of this, we have an interesting and instructive lesson afforded us in the paper published by Dr. John Clarke,<sup>1</sup> on the morbid influence of oysters, taken during the puerperal state, upon the brain. In all the cases related by him the convulsions occurred after delivery; and in some instances after the patient had resumed her domestic duties, in the third or fourth week. The first indication of the deleterious influence of this article of food was invariably a pain in the head of a congestive character, which did not yield to ordinary remedies. In one case death ensued, in the others recovery took place after severe treatment.

The *After-Pains* may be excessive, or irregular and spasmodic, or the contractions of the uterus may be deficient; in the one case an inflammatory condition of the organ may

<sup>1</sup> 'Transactions of the College of Physicians,' vol. v, p. 109.

be excited, especially if there should have been a previous febrile state of the system, or the pains may be mistaken for those of an inflammatory kind. In the other case hæmorrhage or excessive lochial discharge may result.

The lochia may be in excess or otherwise, or abnormal in quality, irritating or offensive, &c. The several secretions and excretions of the body, such as the perspiration, urine, feculent matters, milk, &c., may, from various morbid conditions, be sources of irritation. The pulse affords a tolerable indication of the normal or abnormal condition of the patient's system. It has been said by Dr. J. Clarke, and confirmed by other authorities, that whenever the pulse is above 100, the state of the patient is not one of safety; but occasionally, in very sensitive individuals, the pulse continues much accelerated and above 100, for the first ten days after delivery, owing to the excessive nervous irritability, which is sustained, until the lacteal secretion is perfectly established and the system has become accustomed to the performance of the new function. Thus it will be seen, that it is very important to observe well all the different functions of the body, both permanent and temporary, as well as the temperament and idiosyncrasy of the individual, in order fully to appreciate the influence of exciting causes upon the puerperal state.

With these preliminary, and, as regards the importance of the subject, brief and imperfect remarks, I will pass on to the consideration of the disorders of the puerperal state.

#### TREATMENT OF THE PUERPERAL STATE.

It is natural to suppose, that the augmented sensibility developed during pregnancy would be materially increased, while the vital powers would, at the same time, be impaired by the fatigues, the violent pains, and anguish attending on delivery, and by the loss of blood which accompanies it. The return of the great mass of the uterus to its normal

state of vacuity, the lacteal secretion, the emotions caused by the presence of a new object of affection, are all important circumstances which have been already dwelt upon, as producing a great revolution in the female economy, which renders it in a high degree sensitive to morbid impressions, and less capable of resisting their influence. This fully accounts for the more serious character of the diseases of the puerperal state, and for the greater mortality which attends them.

But happily for man- and woman-kind, Homœopathy not only operates effectually to obviate many of the evils by which the puerperal state is encompassed, but when serious disease does occur, its resources are so great, and its treatment so successful, that the prognosis is materially modified and rendered by far more favorable.

The treatment, therefore, which is demanded for a woman in the puerperal state, may be divided into the Hygienic and the Medical.

*Hygienic Treatment.*—After delivery the patient should be left as quiet as possible, for about two hours, covered up to prevent the occurrence of chills ; the abdomen being tightly encircled by a broad binder ; warm napkins being applied to the genital parts ; and a little warm gruel or sago being administered. During this time instructions should be given to watch the countenance, and if any change is perceptible, to ascertain the quantity of discharge that is going on.

At the end of two hours the patient should be cautiously attended to, made dry and comfortable, and sponged with a little tepid water, to which a few drops of the Tincture of Arnica have been added ; and this application should be repeated once or twice, in place of the lard or pomade, or any other of the herbaceous decoctions which are usually employed. She may then be moved up into the bed, without raising her from the supine position.

The room ought to be shaded, and silence preserved as



much as possible, so that no excitement be induced. The temperature should be moderate, consistently with the season of the year, the feelings of the patient, and the disposition to chills or perspirations; good ventilation should be secured, taking care that the patient is not exposed to any draught; all scents must be removed, and a tendency to sleep encouraged, as the best of restoratives after the fatigues of labour.

The simplest nourishment should be administered for the first few days, until the excitement caused by the perfect establishment of the lacteal secretion has passed over. This may consist of gruel, panado, sago, arrow-root, bread, light broths or beef tea, (if demanded by an unusual debility of the patient,) boiled rice, &c. After the milk-fever has gone by, which is generally the third or fourth day, she may have stronger broths made from chicken, beef, mutton, or veal, with rice or vermicelli, or fish and chicken in the substantial form,—and, when the bowels have acted, such other kinds of animal food as are suitable to her condition. The administration of some plain solid food after the third day, unless counter-indicated by any special circumstances, will tend (as has already been remarked), to assist the peristaltic action of the bowels.

The diet must be a little modified, if the patient should not perform the duties of a mother, either from necessity or will; in this case the diet must be more sparing, until the milk ceases to accumulate in the breasts.

Tepid milk-and-water is the best drink for the lying-in woman when she requires anything to allay her thirst. In no condition is mental calm more necessary than in the puerperal state.

A gentle moisture of the skin should be preserved; but abundant perspirations, if possible, avoided, or watched with care.

The horizontal posture should be maintained during eight



or nine days, and a feeble or delicate woman should not walk for a month.

*Medical Treatment.*—The phenomena which demand the consideration of the accoucheur after delivery are :—*first*, the lesions suffered by the genital parts during the passage of the child ;—*secondly*, the phenomena produced by the return of the parietes of the uterus to its former condition ;—*thirdly*, the secretion of milk and its consequences,—if the mother does not nurse her offspring,—and the state of the breasts ;—*and fourthly*, the reparation of the powers of life, which have been more or less exhausted by the fatigues and depletions which the woman has sustained.

The accidents which sometimes result from the expulsion and passage of the child, are :—Inversion of the Womb, contusion and consecutive inflammation of the Vulva, rupture of the Perinæum, Retention and Incontinence of Urine, and Hæmorrhoidal swellings.

#### INVERSION OF THE WOMB.

This unfortunate accident seldom amounts to complete inversion, as the lips of the os uteri are generally dependent, even in the most severe cases ; but when it occurs, it may be that the fundus only is depressed, and cannot be felt behind the pubes ; or it may be inverted so as just to reach the outlet ; or it may be protruded externally, forming a globular tumour, like a child's head. The vagina is drawn down, or partially inverted at the same time. The symptoms which indicate the occurrence of this accident are :—sudden and great pain after the birth of the child, accompanied with a bearing-down effort, by which a partial inversion is sometimes rendered complete ; a sudden sense of weakness, pale countenance, feeble, scarcely perceptible pulse, hæmorrhage, which is sometimes profuse ;—this, however, is greatest when the inversion is partial ;—a sense of dragging at the stomach,

and as if the bowels were pulled out; fainting or convulsions. Together with these symptoms, a firm fleshy mass is to be felt either within the vagina or protruding from it, whilst no uterus can be discovered in the hypogastric region.

*Causes.*—The causes of inversion of the womb are, principally:—extraction of the placenta by the hand; violent tractions of the umbilical cord; a precipitate delivery; shortness or twisting of the cord around the neck of the child, operating so as to cause a jerk of the fundus, at the moment of the child's birth; violent labour-pains, &c.

Whatever may have produced it, however, the accoucheur must proceed immediately to its reduction, by pressing the hand firmly and steadily on the centre of the protruded or everted tumour, until it recedes, and the hand passes within the cavity; should the placenta still be adherent, it must not be removed, until after the reduction of the organ, when the uterine contractions may be excited to throw it off. If the uterus cannot be returned, it must at any rate be passed into the vagina. It is doubtful whether it can be reduced after it has been down more than four hours. If the accident has occurred some time after the delivery, and the organ be swollen and inflamed, then the symptoms must be relieved before any attempt at reduction is made. After the reduction has been effected, the woman should be kept quiet.

The following prescription is of service for simultaneous exhibition:—

*Arnica*, (tinct.) 3,

two drops added to four table-spoonfuls of water, of which mixture a teaspoonful should be administered every five minutes; and, if the placenta be not detached, the accoucheur should carefully watch for its expulsion. If this is delayed, *Pulsatilla* may be given. The patient may then be kept in

a recumbent position for a month or six weeks, with the pelvis a little elevated above the trunk; and the following medicine prescribed :—

*Nux vomica*, 30,

three globules, dissolved in a wine-glassful of water, of which solution a teaspoonful should be taken every six hours for eight days, if no particular symptoms should supervene to indicate the suspension or change of treatment. In cases in which the administration of another medicine becomes temporarily requisite, we may subsequently resume the exhibition of *Nux vomica*, when the symptoms which required the interposition of the other remedy shall have ceased. This plan will generally be effectual to perfect the cure and to restore the tonicity of the ligaments. If, however, after the lapse of fifteen days, the woman should feel, on rising, a certain weight in the region of the uterus, the following is to be prescribed :—

*Sepia*, 30,

six globules being dissolved in two table-spoonfuls of water, and a teaspoonful of the solution given every morning;<sup>1</sup> returning after an interval of eight days to the use of *Nux vomica*, as before.

It will be proper for the patient to avoid all straining at stool; and if the evacuations should be tardy or difficult, notwithstanding the action of the medicine, a lavement or enema of tepid water should be used every time the patient requires to pass a motion. All local supports to the vagina or uterus should be avoided.

CONTUSION OF THE VULVA.

This accident is usually overcome without any medical aid; nevertheless, the addition of a few drops of *Tincture of Arnica*, to the water employed to wash the parts, will facili-

<sup>1</sup> Refer to the note respecting doses at p. 98.

tate the recovery, and prevent inflammation. If this should be developed by any cause, it will be successfully combated by—

*Mercurius solubilis*, 12,

two drops added to four table-spoonfuls of water, and a teaspoonful of this mixture being given every two, three, or six hours,—without any emollient, local application, which only augments the afflux of blood to the inflamed parts. If this medicine does not entirely remove the evil,

*Thuja*, 30,

should be administered in the same manner.

*Aconite* will be indicated if the extension and activity of the inflammation should produce febrile symptoms with chills.

#### LACERATION OF THE PERINÆUM.

Rupture or laceration of the Perinæum is an accident which threatens the woman with a distressing infirmity for the rest of her days. Sometimes the laceration only extends to the verge of the anus: sometimes the septum between the rectum and vagina is torn, as well as the sphincter ani. There is considerable pain and hæmorrhage at the time, and prolapsus uteri is, in some instances, a consequence of the laceration. It may be caused by too solicitous endeavours to dilate the outlet, before the birth of the head, or by the too rapid expulsion of a large child by the natural efforts.

*Arnica* and *Calendula* are powerful means of relief in cases in which this distressing misfortune occurs.

When, therefore, the accident is recognised, the patient must be speedily attended to, the parts cleansed, and washed with dilute *Arnica* lotion, consisting of forty drops of the concentrated tincture of *Arnica* to six ounces of water.

The edges of the wound are then to be brought together, and covered with a thick and large pledget of lint dipped in the pure *Tincture of Arnica* or *Calendula*, and the union of the wound maintained by thick compresses, moistened with the weaker lotions, over which two rollers are to be crossed, which, after being fixed laterally to a broad belt—which must have been placed firmly around the pelvis, as well to afford a fixed point for the former as to keep the pelvis immovable,—are brought down over the thighs and so bring them together, being made to cross at the perinæum, and then pass upwards to be attached to the bandage around the body above the groin of the opposite side. The patient must be kept perfectly still and immovable on one side and on whichever side is most convenient to her. During the first days the dressing must be renewed frequently to facilitate the escape of the lochia; afterwards, it will be sufficient to renew them, whenever the patient desires to pass water.

The pledget of lint which is next applied to the wound should be steeped in the pure tincture, because the abundant discharge of fluids from the uterus is rapidly imbibed by it, and the action of the remedy is consequently less sensible. When the lochia are diminished the *Arnica* or *Calendula* may be diluted with equal parts of water. This dressing and these precautions ought to be continued during six weeks, that the cicatrix may have time to consolidate. It will be prudent to aid this local treatment by the administration of *Arnica*, internally, during the first week,—if no more urgent indications point to some other remedy. The patient's diet should be regulated as much as possible, so as to eat and drink little, that she may not be disturbed by the necessity to evacuate, either by the bladder or rectum.

In less serious cases of laceration of the Perinæum, however, it may not be necessary to do more than to apply a



poultice, made with a diluted lotion of *Arnica* or *Calendula*, and to take measures to keep the patient's thighs as closely approximated as possible; since experience has proved that the union of the parts is readily effected.

## RETENTION OF URINE.

After a severe labour, a distressing strangury sometimes occurs, in consequence of the pressure which the head of the child exerted upon the urethra and neck of the bladder, during its passage through the pelvis, producing contusion and inflammation of the urinary passage. Although this trouble is evidently produced by a mechanical lesion, *Arnica* is, nevertheless, not the specific remedy in such cases.

*Belladonna*, 30,

(three globules being dissolved in six teaspoonfuls of water and one teaspoonful of the solution given every two or three hours), will be found the most effectual.

## INCONTINENCE OF URINE.

The same cause that produced retention will also produce incontinence of urine, if the labour has been protracted, or if much exertion had been made by the woman. A prolonged or violent pressure upon the neck of the bladder may produce paralysis, and render her incapable of holding the water.

*Arnica* will be of more benefit in this case, because, besides being adapted to the cause, it has in its pathogenesis, the involuntary discharge of urine. After this medicine, given as above, if the inconvenience has not entirely ceased, *Belladonna* may be employed; the doses being repeated at intervals of twelve hours, if it be necessary.

If the disorder should become chronic, and does not yield to these two medicines, *Sulphur* or *Sepia* should be given. These medicines should be administered in single

doses, under such circumstances, and their action suffered to develop its influence fully. Thus the alternate administration of both may be conducted by administering first a single dose of the one and then of the other, at intervals of from eight to fifteen days.

#### HÆMORRHOIDS AFTER LABOUR.

Sometimes this troublesome disorder shows itself after delivery, owing to the prolonged pressure of the head or the breech of the infant upon the outlet, during a protracted labour. Under these circumstances, owing to the great disturbance of the functions of the pelvic organ, the lochia become suppressed, there is difficulty in voiding urine or stool, and the severe pain and agitation which they cause deprive the patient of sleep. The most extensive development of piles I ever saw occurred after a severe labour.

Homœopathy has, in *Pulsatilla*, a most efficacious remedy for the relief of this condition.

A small and delicate woman, two hours after a long and painful labour, with her fourth child, had a mass of hæmorrhoids of the size of the thumb, which surrounded the fundament; she had constant desire to pass water without being able to do so; the lochial discharge was arrested; sharp pains occurred which produced a feverish excitement and effectually interfered with repose: and she could not bear the least touch of the parts which were so distended.

*Pulsatilla* 30 was prescribed to be administered thus:—a few globules to be dissolved in a wine-glassful of water and a teaspoonful of the solution to be given every two hours.

Ten minutes after the *first* spoonful the pains were appeased, and a copious discharge of urine took place without suffering. The lochia was restored at the same time, and without repeating the dose, the swellings subsided, and the patient afterwards went on as usual.

## AFTER-PAINS.

The return of the uterus to its normal condition can only take place by means of successive contractions of its muscular fibres, and the expulsion of the fluids which are contained within its cavity and tissues. These contractions are attended with more or less pain; they are least severe after a first labour, and are most acute in nervous and sensitive women. They usually come on very soon after delivery, and last for a day or two, being sometimes so severe as to disturb the patient's rest. The blood and other fluids which are evacuated from the cavity of the womb, after the expulsion of the placenta, constitute what are termed the *Lochia*.

The pains which accompany the first discharges, mixed with coagula, are termed *After-Pains*; they are felt in the belly and loins, and are sometimes severe; they seem to be necessary to ensure the speedy and safe return of the uterus to its pristine condition, and an entire absence of them may not be desirable.

Here, the usual plan of the old school is to interpose an *Opiate* with a view of soothing the system, and procuring rest immediately after the completion of delivery, but, composing as the opiate is to some, at times inducing a blissful sleep, it is to others the herald of a racking headache and an excited wakefulness.

Moreover, it leads to the necessity of a purgative on the third day, which, in a few instances, is harmless, but in many full of terrors, irritating and highly dangerous, interfering with the lacteal secretion, at the moment when nature is endeavouring to promote it, and worrying the primæ viæ at a time when most susceptible.

*Arnica*, given immediately after delivery, is of great service. If it does not diminish or prevent after-pains, it at any rate diminishes the tendency to hæmorrhage, by its

soothing effect upon the system at large, in a far superior manner to the *Opium* of the old school. If the pains are moderate, they may be left to nature; but if they are violent, or frequent, so as to deprive the patient of rest, *Coffea* or *Chamomilla* will soon calm them, and procure the rest so much desired, or *Belladonna* 6 and *Secale* 3.

*Coffea* will be preferable for very nervous and excitable women, to whom the pain seems insupportable, if they are sleepless, or have been used to chamomile tea.

*Chamomilla*, on the other hand, ought to be given when the woman is accustomed to coffee-drinking, if she is of a quick temperament, and is troubled with thirst.

*Nux vomica* is useful if the pains bear upon the fundament, producing a sensation as of desire to go to stool;—especially if the patient be of a quick and determined character: if, on the contrary, she is soft and gentle, with predominance of the venous constitution, *Pulsatilla* will be advisable.

#### LOCHIA.

After delivery, the vessels of the uterus continue to pour out a small quantity of blood, which gradually diminishes,—the serous, or watery parts predominating,—until they are ultimately closed by the contractions of the uterine parietes, and become retracted within its tissue. The discharge is mingled with the mucosities which escape from the mucous lining, in the progress of its return to its ordinary dimensions. The discharges thus formed and excreted are termed the Lochia.

The character of this discharge is, in some measure, an index of the healthy or unhealthy condition of the uterus, and may be either more or less abundant than is natural, or may be altered in quality.

The quantity varies in different women, and must therefore be considered relatively, and estimated in connection



with the general state of the patient. The same amount of discharge which, occurring in a full, plethoric woman, would be consistent with a healthy recovery, in a pale and delicate, or weak and nervous individual, would be attended with dangerous consequences. In general, the lochia go on diminishing, with an occasional aggravation, until the third week, when they cease; or else they intermit until the period for the return of the menses, and then stop. After the first week the colour changes to a dark or greenish hue, and is more watery, from which the discharge, at that time, has been called the *green waters*. Occasionally, the smell is fetid; but this usually depends upon inflammatory or some other derangement of the uterus.

A sudden diminution or suppression of the Lochia is ordinarily the symptom of some other disorder; wherefore, when such a circumstance occurs, the attention of the accoucheur should immediately be directed to the state of the uterus. But sometimes it may happen as the effect of a moral cause, or in consequence of a chill—the first impression of which has been upon the still open orifices of the vessels of the uterus. In this case, if the discharge be not restored by the appropriate remedy, the altered function becomes a source of disease in the organ, and of general reaction in the system.

The choice of the remedy will depend, then, partly on the exciting cause, and partly on the nature of the discharge, whether it be composed of almost pure blood, or whether the character of blood had almost disappeared at the time of the occurrence. If caused by a moral impression, the remedies indicated under that head may be given at once, in accordance with the specific cause which produced the change.

*Aconite*, however, is entitled to a preference, when the suppression has occurred at a period soon after delivery, and the discharges still contain blood, and when the patient



experiences pains in the belly, with anxiety, and a disposition to vascular congestion in the chest, abdomen, or head.

This is also the remedy if the suppression or diminution has been produced by a chill,—when fever, heat of the face, quickened pulse, &c., prevail.

*Chamomilla* is to be preferred if there be diarrhœa, colicky pains, nervous distress of the head and teeth, with febrile heat, &c.

*Coffea*, *Nux vomica*, *Dulcamara*, *Bryonia*, *Pulsatilla*, *Calcarea*, *Rhus tox.*, or *Platina*, may also be indicated by the supervention of symptoms characteristic of one or more of these medicines.

If the suppression is not removed by the action of the medicines suitable to the exciting cause, and if it has induced any other morbid symptoms,—which not unfrequently happens, especially when it has occurred at a period long after delivery,—these must be treated according to the usual principles, by selecting a remedy in harmony with the totality of the symptoms.

*Aconitum*, *Belladonna*, or *Mercurius* will be chosen according to the indications pointed out, under the head of Puerperal Peritonitis, or Metritis, if the symptoms should lead to the apprehension of inflammation of the pelvic viscera.

*Bryonia* is useful when the Lochia are suppressed, and this suppression is attended with headache, fulness, and heaviness of the head; sensations of pressure in the forehead and temples; throbbing pains in the head, increased by movement; backache, with scanty emission of hot urine, &c.

*Colocynth* should generally be preferred if the suppression is accompanied by violent colics, or with tympanitic swelling of the abdomen and diarrhœa.

*Pulsatilla* will be indicated if the milk has disappeared from the breasts.

*Belladonna* or *Hyoscyamus* should be selected if there are violent pains in the head, with redness of the face, frightful visions, delirium, &c. If the loss of consciousness is more complete, *Hyoscyamus* will be more especially applicable.

*Platina* is appropriate when dryness and over-sensitiveness of the sexual organs prevail, as attendant upon suppression, or when that condition has resulted from some mental emotion.

*Secale* or *Nux vomica* may be useful under some circumstances, when the Lochia are scanty, and are characterised by a fetid odour.

Diminution of the Lochia may take place without a complete suppression. This must be determined by the experience of the accoucheur, as well as the habits and constitution of the patient : when it occurs, the restoration of the flow must be effected by the same treatment as is required for cases of absolute *suppression*, which is only an aggravation of the *diminished* discharge.

#### AUGMENTATION OF THE LOCHIA.

This may take place either by a flow of pure blood, or by an increase of the mucous or watery discharge. It differs, also, in relation to the intermediate or more remote pre-occurrence of parturition ; and it may depend upon moral or accidental causes, such as excited or disturbed emotions ; a chill ; imprudence in getting up to walk too soon ; abuse of stimulants ; hot drinks ; overheating of the body by clothing ; or keeping the temperature of the room too high, &c.

The remedies, indicated by the moral causes, have been already mentioned. If there has been a chill, *Aconitum* or *Nux vomica* should be employed. *Aconitum* will be appropriate if the patient has a full pulse, a red face, weight and fulness of the head, with other symptoms which are characteristic of this remedy.

*Nux vomica*, 30, if the pulse is small and tight, and there be paleness of face, pains in the loins, and weight at the anus, chills and heat alternating; or if the increase has been caused by an abuse of hot, alcoholic, spiced drinks, coffee, or chamomile tea.

*Arnica*, 30, should be administered, if the morbid derangement of the Lochia has resulted from fatigue; at the same time, absolute repose must be observed.

*Coffea* should be given—sometimes before *Nux v.*—when the augmentation of the Lochia (produced by the causes mentioned above, such as abuse of stimulants, &c.) is accompanied by great agitation, and exalted nervous sensibility. If *Coffea* does not suffice, *Lachesis* may be employed. If the injury has been effected through taking spiced drinks, the same medicines will be useful, with the addition of *China* in some cases.

When the increased flow of the Lochia is so great and sanguineous as to approach to hæmorrhage, the treatment directed under the head of Metrorrhagia must be adopted.

*Calcarea*, 30, is indicated, when the discharge continues long, without being profuse, and weakens the patient by its duration, producing derangement of the digestive functions, etc. It may be given as follows, and the most decided benefit will be derived from it :—

*Calcarea*, 30.

Three globules dissolved in a wineglassful of water, of which solution a teaspoonful should be taken every night and morning.<sup>1</sup>

The same medicine will be advantageously used when the discharge is mucous, watery, and abundant, and is attended with abdominal sufferings, such as distension from wind, pains, difficult digestion, disposition to diarrhœa, diminution of milk, etc.

<sup>1</sup> Refer to the note respecting doses at p. 98.

*Pulsatilla* will often be indicated, when the discharge is thick and mucous, and is attended with pains in the loins, and a sad and plaintive humour.

*Sepia* bears some analogies to *Pulsatilla* in these cases, and may be given, if the last-named medicine does not suffice to stop the discharge : or if it is liquid and serous ; or acrid and excoriating to the genital parts ; or again, if there exist any induration of the neck of the uterus, and especially if the patient be of a sad, morose, and grieving disposition.

*Mercurius* must be given, when the discharge is most abundant at night, and when there is a disposition to inflammation of the abdominal organs, or genital parts.

*Sulphur* is to be administered in a single dose, if the discharge continues to enfeeble the woman, and does not yield to the other remedies, the characteristic symptoms of which, nevertheless, correspond with those of the disorder. After awaiting the action of this medicine for a few days, the former medicine may be re-employed.

*Secale cornutum* is a valuable medicine, when the patient is much enfeebled by the discharge.

Under these circumstances, a nourishing diet must be prescribed in accordance with the condition of the patient, and the air of the apartment must be kept as pure, and frequently changed as possible ; or if she is in a state for removal, she should be transferred to a different and healthy locality.

When the Lochia are morbid in their character, without any other symptoms being present indicative of inflammatory or organic disease, the following summary may simplify the indications of treatment. If the sanguineous character should return without the discharge being too abundant, no medicine is required ; but if the contrary condition should transpire, recourse may be had to *Calcareæ*, or *Sepia*—or to *Conium*,—if the discharge corrodes the parts considerably.—

Sometimes the Lochial discharge suddenly becomes black, almost like ink, which alarms the patient and nurse; if the discharge is unaccompanied by any fetid or putrid odour, we have evidence of the dissolution of a portion of the secundines, or of some coagula which have remained in the uterus, and the Lochia will resume their normal colour, when the whole is resumed by the uterine discharges.

If the Lochia become purulent, *Sepia* will generally be the most serviceable medicine. The Lochia sometimes give off a fetid or insupportably putrid odour. If this smell should not be the consequence of the neglect of hygienic rules, it must be considered as a very serious symptom of a morbid condition of the uterus or passages, demanding the prompt attention of the accoucheur. If, however, there are no discoverable indications of disease, beyond the fetid odour of the discharge, which is very annoying to the patient, *Sepia*, and especially *Kreosote*, 30, will generally be found efficient, bearing in mind that the utmost cleanliness should be observed.

#### THE STATE OF THE BOWELS.

Contrary to the ordinary practice of interference with the operations of nature, adopted by the old school of medicine, Homœopathy does not recognise the necessity of acting freely upon the bowels on the third day after delivery. When the system is so remarkably susceptible to morbid impressions, and occupied in establishing a new function, which is to transfer the vascular and nervous erythism from one part of the female economy to another, where is the wisdom in disturbing the whole organism by a forcible interruption of the process, which in some constitutions nature has scarcely power to effect? At such a moment the most passive condition of the system is that which every good physician should study to secure, and not by the administration of active purgatives to set up new and



morbid actions, the issue of which no one can foresee. This unphilosophical practice, adopted from age to age by the intelligent physicians of the old school, fully accounts for the direful consequences which so frequently invade the puerperal state, particularly in delicate and sensitive women. It is for this reason that I so entirely condemn it, and hope to see it abolished in the practice of the accoucheur.

If the first passages, as no one can doubt, are more or less bruised or injured by the act of parturition, what is more irrational than to excite irritation in the vicinity of those parts, instead of allowing repose until their perfect recovery. If purgatives are given on the second or third day, their effect must necessarily be to disturb these parts and increase the irritation already existing; but in addition to this, there is the reaction liable to be excited in the system by a medicinal substance.

On the other hand, when the patient is not acted upon by drugs which tend to produce constipation, no harm whatever can ensue, even should no evacuation take place during the first eight days.

If any tension of the belly should exist, a simple lavement may be given after five days; but this is not necessary; for, if we recollect, that for several days the patient has, perhaps, not taken solid food, the intestinal tube has not received the usual amount of stimulus by which its coats are excited to contract upon and propel the contents, and so keep up its vermicular or downward action. It is for this reason that I do not hesitate to advise, albeit with all due caution in regard to the state of the individual, solid but plain and unstimulating food, after the third or fourth day, without waiting for the occurrence of alvine evacuations, because the pressure of solid matter will be more likely to facilitate this object in a natural manner, than a persistence in liquids.

But, if at the end of a week it seem desirable to aid the

operations of nature, by exciting reaction in the alimentary canal, the following should be prescribed :

*Bryonia*, 30,

three-globules dissolved in a table-spoonful of water, and a teaspoonful of such solution given every two hours.

If there is a desire to go to stool without the power of relieving herself, as if hindered by an obstruction in the rectum ; if there be hæmorrhoidal swellings, or a tumid abdomen, with loss of appetite, *Nux vomica* should be given.

*Opium*,—if a heavy weight or pressure is felt at the anus, without a strong inclination to evacuate, accompanied by heaviness of the head, &c.

*Sulphur* should be given if the patient suffers from habitual constipation, and especially after *Nux v.*, if the latter has not produced the effect. The enema lavement is mostly required when the action of the bowels is arrested by a collection of hardened fæces in the rectum.

*Veratrum* will be useful in the latter case, when inertia recti exists.

*Diarrhæa*.—One would think, from the evil habit of giving purgatives soon after delivery, that a diarrhœa was desirable, or was the curative process of nature ; but, on the contrary, it is an evil of no small magnitude : when it occurs, its effect is to derange the uterine and lacteal secretions ; its immediate correction is, therefore, most important. The first step should be to ascertain the cause.

*Pulsatilla* will be indicated, if it has arisen from some error of diet.

*Antimonium c.*, if it be accompanied by marked gastric symptoms, such as a clammy or bitter state of the mouth, a white coated tongue, or thick fur, nausea, heavings, &c.

*Rheum*, if the evacuations are liquid, and resemble boiled eggs mixed up, with colicky pains.

*Dulcamara*, if it was produced by taking cold.

*Hyoscyamus*, when the evacuations are watery, and inodorous or mucous, and the patient very much enfeebled.

*Phosphori acid* will be useful when there is tenesmus after the evacuations, which are slimy, and of a whitish-grey colour; or when they are involuntary, painless, and pap-like, or if attended with protrusion of the hæmorrhoidal tumours, &c.

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### MILIARY FEVER.

This sometimes occurs in the puerperal state in delicate individuals, in consequence of too much clothing or too high a temperature of the air of the apartment. It also accompanies other puerperal diseases, when excessive perspiration is induced. In addition to the febrile symptoms, such as chilliness, sickness, languor, and faintness, heat of skin, and quick pulse,—tingling or itching of the skin, weight at the chest, and subsequently copious sour-smelling perspiration, which usher in the attack, it is characterised by an eruption of minute, red or white vesicles, which shiver and dry up, falling off in the form of small scabs, after a few days. They occupy first the forehead, neck, and breast, and then spread to the extremities, rarely attacking the face, and give a roughness to the skin, resembling what is termed "goose-flesh."

Successive crops sometimes appear during the progress of the fever. The red miliary rash is said to be a lighter disease than the white. It happens most frequently to women of an irritable skin, and subject to intestinal irritation, and who have been weakened by fatigue, evacuations, or other causes. The eruption does not seem to relieve the fever, but is attended by profuse perspirations.

*Treatment.*—During the febrile stage, the most appropriate

remedy is *Aconitum*, 30, which will often be sufficient to remove the disease.

*Bryonia*, 30, may be given, if the itching continues troublesome.

*Ipecacuanha*, if the perspirations are excessive, or the patient is affected with nausea.

*Mercurius*, 12, when the eruption presents pustular heads, and does not disappear with the febrile symptoms.

*Arsenicum*, 30, is most serviceable in the miliaria alba, which is attended with little fever.

*Belladonna* may be given when the rash puts on the appearance of scarlet fever, and the papillæ of the tongue are turgid.

*Valeriana* will be useful, when the eruption is accompanied by watering of the eyes, oppression at the chest, diarrhœa, bad taste and smell, with tremulous and creeping chilliness, and occasional sweats.

#### PENDULOUS STATE OF THE ABDOMEN.

The repeated distension of the abdominal parietes, in consequence of successive pregnancies, is apt to leave the woman with a permanently enlarged abdomen. Sometimes this happens to so great an extent, that she looks, after confinement, as though still pregnant; and it even falls so as to rest upon the thighs. Besides the bandaging and mechanical supports which may be used in these cases, we can sometimes restore the contractility of the weakened tissues by medicines.

This condition has been termed, by Dr. Simpson, *subinvolution*, and is marked by an absence of recuperative power in the patient, whereby the tissues of the generative organs, the womb and its appendages, partaking of the general laxity of the constitution, in general fail to recover their tone and require a general and specific tonic.



*Calcarea*, *China*, *Sepia*, *Silicea*, are the medicines indicated.

*Sepia*, 30, given and repeated at the end of fifteen or twenty days, will tend much to diminish or remove this state of the abdominal coverings. Sometimes, however, the specific action of this medicine fails to accomplish so much as we desire; it will then be necessary to compare all the accessory symptoms, and choose some anti-psoric medicine which may be in relation with them.

*Calcarea carb.* or *Silicea* will often be found suitable; but whichever medicine is selected, it must be allowed to act for five or six weeks, and we give it a high degree of attenuation.

Moderate exercise on foot should be enjoined; a nutritious diet, without much stimulus, and gentle compression of the abdomen; for in this case violent compression would destroy, while moderate pressure will excite reactive muscular contractions.

#### FALLING OFF OF THE HAIR.

Sometimes, especially in females, whose circulation is feeble, the hair falls off after confinement. It most frequently occurs when the woman has suffered from profuse perspirations about the head. If it can be ascribed to any prominent cause, then there is a distinct indication at once for the choice of a remedy; but in the absence of this, it will be found generally among the following, namely:—

*Sulphur*, *Calcarea*, *Natr. muriat.*, *Lycopodium*, *Hepar sulph.*, *Silicea*. If the patient has suffered much from hæmorrhage, *China* should be given before *Sulphur* and *Calcarea*.

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#### NURSING, &c.

The breasts augment in hardness and volume during the early period of pregnancy, in correspondence with the changes



going on in the womb, and secrete a serous fluid which is preparatory to the secretion of the milk which is to follow in due season. Care should be taken to avoid all compression of these organs, especially of the nipples, that they may be duly developed, for the greater facility of being seized by the infant. If, notwithstanding these precautions, the nipples do not expand after delivery, it will be proper to have recourse to a shield, until by the practice of the infant, and the elongation of the nipple, the difficulty is overcome. The best kind of shield is the French one, made of ebony or box-wood, with a small straight india-rubber nipple fixed into a circular rim. Shortly after delivery, generally within twenty-four hours, a pricking sensation is felt in the breasts, which gradually swell and harden during the next day or two, until they occupy almost the whole anterior part of the chest, and feel very weighty to the mother. Sometimes this is accompanied by a rigor, and a slight febrile action in the system, which is called the milk fever. When more disturbance than ordinary is produced in the system by the establishment of this function, the patient experiences, on the second or third day, headache, pains in the loins, chills alternating with heat, succeeded by burning heat, and redness of the face, sense of fulness in the forehead, thirst; there is a full and firm pulse, white tongue, and diminution of the lochia. This febrile movement not being accompanied by pain or tenderness in the region of the womb, will distinguish it from puerperal peritonitis. Within twelve hours after the commencement of this fever, if not aggravated by any imprudent exposure, the skin usually gives way, a general perspiration breaks out, the breasts subside, the milk finds vent at the nipples, the lochia flows as usual, and the system is restored to its natural condition.

Generally, it is not requisite to administer any medicine for these symptoms; all that is necessary is to supply the

woman with some warm, simple drinks, and to protect her from the chance of a chill, or of any mental excitement.

The child should be applied to the breast early,—as a general rule, twelve hours after delivery,—which is the best means of preventing or speedily terminating this fever; because, as soon as the current of the secretion of milk is fully established, the system is relieved and the symptoms subside.

With women who do not intend to nurse their offspring, the fever is more violent and lasting, and in this case requires further attention. If the pulse be full and strong, and there is much pain in the head, we give—

*Aconitum* (tinct.), 6,

two drops added to four table-spoonfuls of water,—a tea-spoonful of this mixture being given every two or three hours. By this means the vascular excitement will be diminished, and perspiration induced. If the afflux of milk be very considerable, and the breasts greatly distended, so as to produce an oppression of the chest, the following should be prescribed :—

*Bryonia* (tinct.), 12,

two drops added to four table-spoonfuls of water,—a tea-spoonful of this mixture being given every two or three hours. This will be found speedily to relieve the tumid breasts, and check the fever.

But if, during this fever, through the operation of any unfavorable circumstances, there should be violent pains in the head, with slight delirium, glistening eyes, &c., indicative of cerebral disorder, after a few doses of *Aconite*, the following should be prescribed :—

*Belladonna* (tinct.), 3,

two drops, added to four table-spoonfuls of water; a tea-spoonful of such mixture being given every three hours, until the head-symptoms are subdued: after which all medi-

cine may be set aside, unless the state of the breasts require the medicines previously pointed out.

If the labour should have been severe, with lesion of the genital parts, and if the use of *Arnica* immediately after delivery has been neglected, a dose of this remedy, alternated with the *Aconite*, should be administered, to diminish the sympathetic action of the injured passages upon the arterial system, and to moderate the fever.

The child, as before observed, ought to be applied gently to the breast, within twelve hours after its birth, and afterwards from time to time, as the state of the mother permits, until the full supply is established. The febrile state above described need not interrupt this duty ; for it will relieve the mother, by keeping under the redundancy of milk, without injury to the child.

Those mothers who do not nurse suffer longer than others ; after the cessation of the fever, the milk continues to accumulate in the breasts ; it may become the cause of engorgement of the mammary gland, or even of abscess. The duty of the accoucheur is to diminish the morbid afflux, by enjoining low diet, during the necessary time, and by tepid drink, so as to promote the action of the skin and kidneys. When these means do not suffice to reduce the flow of milk into the breasts, if there be no counter-indication, *Pulsatilla*, 30, should be given. A dose every morning. This will generally succeed in dispersing the milk.

Sometimes in lymphatic or leucophlegmatic subjects, this medicine does not prove sufficient ; in such cases *Calcarea, Carb.*, or *Lycopodium* will be more successful.

When the milk delays in appearing at the proper time, the breasts remaining soft and pendulous, it sometimes depends upon diminished sustenance during a protracted labour, in which case a proper supply of aliment will remedy the deficiency ; but the more general cause would seem to be a lymphatic constitution, a feebleness of arterial action, or of the

vital energies; or a general constitutional debility produced by moral causes, by the depressing passions, or by an unhealthy pregnancy. In these cases, the most useful remedy is as follows :—

*Agnus castus* (tinct.), 12,

two drops, added to four table-spoonfuls of water; a tea-spoonful of this mixture being given every three hours.

If the woman is desirous of nursing, and the signs of milk are not apparent thirty-six hours after delivery, this medicine should be given at once.

It is equally useful when, in the course of nursing, the milk diminishes or disappears without any appreciable cause, or becomes impoverished; but if the cause is recognised, the remedy should be given in respect of it: if it has been caused by a fit of anger, *Chamomilla*; if by grief, *Ignatia*; if by jealousy, *Hyoscyamus*, or *Phosphoric acid*; if it was the effect of a chill or of taking cold, *Dulcamara*, &c.

*Pulsatilla* and *Calcarea*, by the alternative effect which they possess in common with some other homœopathic remedies, often succeed in the case of disorders opposed to their primary action. In this way they have been found successful in diminution or suppression of the milk.

Dr. Kallenbach, of Berlin, having remarked, in some observations in an allopathic journal, that when *Assafoetida* plasters had been applied to the epigastrium of hysteric females for a long time, they were sometimes followed by swelling of the breasts, which oozed out a milky fluid, thought that the same substance might be employed with advantage against suppression of the milk of nurses; and, to convince himself, he prescribed it in four cases, which he relates.

I have tried this remedy with decided results, and found it materially increase the flow of milk, improve its quality, and cause the child, which before was pining and constantly disturbed by flatulent colics, to thrive and cease crying.

But the milk may be poor and serous, altered in its

quality rather than its quantity, and unfit for the proper nourishment of the infant, and may even be rejected by it.

In the first case, *Sulphur*, 30, will be of service, followed eight days afterwards by *Calcarea carb.*, 30, if the *Sulphur* should not improve the character of the milk. Regard should, however, be had to the causes of the morbid lacteal secretion in the mother.

When the milk is rejected by the child, *Mercurius vivus*, 12, should be given, or else *Silicea*, 30, two or three globules being dissolved in a small wineglass of water, and a teaspoonful taken by the mother every four hours.

After the third teaspoonful, the child usually takes the breast with avidity.

*Cases<sup>1</sup> showing the Action of Assafœtida on the Secretion of Milk.*

1. A lady, thirty-four years of age, of robust habit of body, the mother of six children, had never been able to nurse any of them, from the disappearance of the milk within three weeks of her delivery. In April of 1843, she was delivered very easily; ten days afterwards the milk became diminished in quantity, and on the fourteenth day only a few drops could be squeezed out with difficulty. Dr. Kallenbach ordered her *Tinct. Assafœt.* gtt. j, in a drachm of alcohol; five drops of this mixture to be taken three times a day. On the second day after the use of this medicine, the flow of milk was copious. As the milk was rendered offensive to the child by the Assafœtida, he tried the third dilution, and found it to answer as well.

After the medicine had been discontinued for some weeks, the suppression returned, and was again cured by the third dilution.

2. A healthy female, twenty-one years of age, found a decided diminution of milk in the sixth week after her first

<sup>1</sup> Reported by Dr. Kallenbach.



confinement, so that her strong and healthy child could not obtain enough of nourishment. She was ordered *Tinct. Assaf.* at the third dilution ; and, after the use of this, she continued to nurse her child to the ninth month.

3. A woman, thirty-four years of age, who had hitherto nursed her own children, but always required the assistance of the bottle, was confined on the 16th of September ; and when seen on the 17th of November, she complained that already the secretion of milk was much diminished, and that she had required to feed the child with the bottle for three weeks. The mamma was relaxed, and only a few drops of milk could be pressed out of the nipple. She took *Assafœtida* at the third dilution for eight days without any improvement. She was then ordered to take it at the first dilution, which was at first unpleasant from the smell and taste ; but she persevered for five days, and at the end of that time there was an abundant secretion of milk. On the 28th of December there was again some suppression ; and now the third dilution was administered with such complete success, that she was able, soon afterwards, to dispense with the bottle altogether. She had made no change in her food.

## SORE NIPPLES.

The nipples acquire a certain development during pregnancy, which is necessary in order to afford to the infant's mouth a sufficient grasp in its attempts to suck. If they should not be sufficiently prominent, recourse must be had to a shield, as before mentioned. But the first attempts at nursing often produce a tenderness, which in some cases subsides as they become accustomed to the pressure of the infant's mouth ; but in others increases and proceeds to a cracking of the extremity, which gives intolerable pain whenever the child is put to the breast. Occasionally the repeated application of the child so enlarges the cracks that they gape and bleed, the surrounding skin inflames, and

ulcerations take place at the base of the nipple. This state of things often lasts for a long time, causing distressing anguish to the mother, and rendering the period of nursing one of protracted misery, in the place of a comfort and enjoyment.

There are certain constitutions particularly obnoxious to these evils; and these are far more effectually relieved by Homœopathy, than by the old plan of local appliances.

The best means to obviate the occurrence of tender nipples is to pay attention to them during pregnancy, and to harden them by the daily application of brandy—or of a decoction of green tea and brandy,—equal parts of each;—nevertheless, it sometimes happens, that nursing cannot be persevered with in consequence of the severity of the pain induced by the excoriations.

When, in the first days of nursing, the woman complains of pain after the child has been to her, the nipples should be assiduously dried, by means of a soft piece of cambric, and bathed several times a day, with a lotion prepared as follows:—

*Arnica* (tinct.), φ,

ten drops, mixed with a tumblerful of water.

Before giving the nipple to the child, it should be washed with tepid water or thin mucilage.

*Chamomilla*, 12, may be given, when the nipples are simply inflamed, or cracked, and ulcerated; the inflammation extending to the surrounding skin.

*Sulphur*, 30, if the cracks are deep and painful, bleed or burn, with ulcerations around the base. If the complaint is obstinate, this may be followed by—

*Graphites*, 30, for the same symptoms, or *Calcarea*, 30, followed by *Lycopodium*. *Ignatia* is sometimes useful; and so likewise are *Mercurius* and *Silicea*.

#### ABSCESS OF THE BREASTS.

Inflammation of the breast, with a strong tendency to sup-

puration, frequently occurs at various periods of the puerperal state, either from a draught of air passing over the breast, or from exposure to a chill, or from the milk collecting in large quantities, and unduly distending the breast,—when the child does not suck sufficiently, and there is no spontaneous escape,—or from obstruction of the milk tubes, or mechanical violence.

If during the first hours, when pain and other symptoms which indicate the attack have been observed, and before the swelling has acquired any great development, we administer—

*Aconitum* (tinct.), 3, —

two drops being added to four table-spoonfuls of water, and a teaspoonful of this mixture being given every two hours, and make the infant take the breast frequently,—the attack will probably be terminated at once. But if the collection of milk is considerable, and the swelling great, the breast being large, red, tense and painful, with pulsating or shooting pains, and burning heat in it; the following should be given:—

*Bryonia* (tinct.), 6, —

two drops, added to four table-spoonfuls of water,—a teaspoonful of such mixture being given every three hours, until the complete resolution of the swelling. If the tumid breast exhibits a surface with erysipelatous redness, and is glossy, *Belladonna* should be given in the same manner; and when, after twelve hours improvement does not ensue, *Bryonia* and *Belladonna* should be alternated every three hours. If these do not materially improve the symptoms, recourse must be had to *Mercurius*, 12, especially if transient chills or throbbings indicate the probable formation of matter.

*Hepar sulph.* is indicated after *Mercurius* has diminished the inflammatory character of the swelling, if signs of suppuration are still present. The advantage of this medicine is,

that if the abscess is already formed, it expedites the bursting, and therefore also the termination of the disease. It is often advisable, in this case, to give a single dose, and leave it to act, until the disease terminates, either by resolution or opening of the abscess.

*Phytolacca* is much praised in suppuration of the breasts by Dr. Hale, of America, in the early and advanced stages.

*Phosphorus* is another very successful remedy in the treatment of abscess of the breast, when the inflammation is active, and rapid suppuration threatens. It should be given every four or six hours at a medium attenuation, and will be found quickly to relieve the excessive pain, and to hasten the termination of the disease: if suppuration does take place, it may still be continued, as it facilitates the opening, and subsequent healing of the abscess, without much scar.

*Phosphorus* is likewise very efficacious in curing a fistulous condition of the breast, which now and then occurs after allopathic treatment, as well as the induration of the mammary gland left after an abscess has been opened by the lancet.

*Sulphur* should be given if the suppuration be profuse, with chilliness in the forenoon, and febrile symptoms, flushed cheeks, &c., in the after-part of the day.

The Homœopathist need not trouble himself to puncture these abscesses of the breast, but may safely leave them to the action of the medicines, which will save his patient much pain, considerable emotion, and a disagreeable cicatrix.

In the fistulous openings, attended with serous discharge, *Silicea*, 30, is sometimes indicated.

The local treatment should be confined to the suspension of the breast by a broad handkerchief, so as to take off the weight, which aggravates the sufferings so much, and the application of spongiopiline, dipped in hot water, to the part, —which will assist in allaying the pain, by causing a gentle transpiration.



## WEANING.

From the observations made upon the subject of morbid lactation, it will be understood, that no definite period can be fixed as a rule for the mother to give up nursing. So far as she is concerned, her capacity to supply the necessary quantity of healthy secretion, without any apparent deterioration of health, might be safely taken as the guide; but for the child, if no other cause were present for changing its mode of nourishment, the progress of dentition would suffice for an index, inasmuch as it ought to be accustomed to take other nourishment than that derived from its mother, as soon as the teeth make their appearance, so that by the time the molar teeth come through, it may be capable of eating some animal as well as vegetable food.

The ordinary or average period, however, for weaning, is about the ninth month; and the time that the child is in good health, and free from the irritation of teething, should be selected as the most appropriate. If the infant is robust, and especially, if it has been already accustomed to little varieties of food, the weaning may take place at once; and if the mother has moral courage, she should take the child just as usual,—whether in the night or in the day,—and only deny it the breast; taking care to supply its cravings with some of its ordinary food, or with milk and water. But if it be delicate and fretful, it may be advisable to wean it a little more gradually, taking a few days to do it. It is not uncommon to see a mother, with impaired health, and a small supply of innutritious milk, lingering over the weaning of her infant for many weeks; both mother and child suffering by its continuance. In this case the mother is, in reality, harsh as such an interpretation may appear, acting a most selfish part;—she is yielding to her own weak and sensitive feelings, at the expense of her child's health.



Weaning may, however, be imperative, from the sufferings endured by the mother, in consequence of chapped or ulcerated nipples ; but of this hereafter.

The symptoms which indicate that nursing is injurious to the mother are :—the return of the menses, with a diminution of milk ; a state of debility, as announced by painful drawings of the stomach, especially whenever the infant sucks ; a faintness and vacuity felt at the epigastrium ; loss of appetite, or voracious hunger, with a sense of emptiness very soon after ; faintings ; giddiness ; loss of vision ; absence of thought ; palpitation, &c.

When weaning is decided upon, and commenced, the mother should remain perfectly quiet for a few days, if not in bed, in order that the swollen breasts may not suffer from the motion of the arms, or the pressure of stays, and that the system may be free from excitement. She should take very light nourishment ; eat dry food ; abstain from salted meats, that her thirst be not aggravated ; drink as little as possible, and that cold water ; keep the breasts covered with some light, warm material,—such as muslin, or cotton ; and take the following medicine :—

*Bryonia* (tinct.), 3, —

two drops, added to four table-spoonfuls of water,—of which mixture, a teaspoonful should be given every night and morning.

If the flow of milk continue superabundant during the first few days, a little may be drawn off daily, just to relieve them, should it not run away of itself ; or some nipple-glasses may be kept applied ; light friction with the hand, smeared with sweet oil, or oil and brandy, may also be had recourse to, for softening the skin.

If there be much painful distension of the breasts, *Belladonna* may be given.

If the draught continue to fill the breasts, *Pulsatilla* is

most to be recommended, or *Rhus tox.*, in order to arrest the secretion of milk.

Should these fail, and there be debility of constitution, with lax fibre, and bad condition of the system, *Calcarea* will be mostly indicated.

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### PUERPERAL CONVULSIONS.

This is one of those fearful accidents of the parturient state which may well terrify the attendants, and attract the most vigilant and intelligent co-operation of the accoucheur. Puerperal convulsions may occur before, during, or after the phenomena of labour have set in, indeed at any period during the latter months of pregnancy. The paroxysms, though usually sudden in their appearance, are sometimes preceded by symptoms premonitory of the attack. If these are immediately taken notice of, and medical treatment adopted, the effect will not unfrequently be to ward off, or at least to diminish, the violence of the convulsive fit. If they should be transient, or momentary, no opportunity may be offered; but this shows the necessity of the accoucheur being always prepared with his pocket remedies.

In nervous and timid subjects, a general tremor is often observed from the first commencement of the pains; but in courageous women, even at the time that the head of the child begins to engage in the brim of the pelvis, and the pains become expulsive, another kind of trembling sometimes happens, which recurs at every pain; this is a nervous state, a species of light convulsion, occasioned by the violence of the uterine contractions, and the distension of the pelvic cavity. If the mind be calm, and the accoucheur, by his composed air, compresses the slight agitation which then exists, the labour proceeds favorably; but, if from any accidental cause—whether it be the undue violence of the

later pains, or a moral emotion, or sudden cerebral congestion—the natural course of the labour be arrested, the countenance changes, the eyes become brilliant, the speech short and sharp, and violent convulsions manifest themselves, with loss of consciousness and delirium. In such cases, much may be done at the onset by the moral influence of the accoucheur ; when those indications of spasms first appear, if the more serious premonitory symptoms are absent, and the patient be of a nervous, hysterical disposition, he should observe a firm and composed manner, assure her mind by quietly impressing her with the necessity of pain, and the absence of danger, and, by administering some gentle cordial, arouse and strengthen the physical and moral energy.

The premonitory symptoms of the congestive form are generally among the following, and they may show themselves days, or hours, or only minutes before the seizure :—

Headache and flushings of the face, between the pains, dulness and general torpor ; twitchings of some of the muscles, particularly of the face ; drowsiness, or disturbed sleep ; dimness of sight, with black spots before the eyes : noise in the ears ; a turgid condition of the superficial vessels of the head and neck ; with tumultuous movements of the heart ; inability to stoop without a rushing of blood towards the head, pulsation of the carotids ; alienation of mind, with morbid taste and smell ; stiffness of the tongue, with imperfection of speech ; cramps, tingling of the fingers, or numbness of the upper and lower extremities : *aura frigida*, from some part of the body, ascending to the head ; extreme sensitiveness to the movements of the fœtus ; irritability of temper ; vexation, and, at times, derangement of the stomach with nausea and bilious vomiting, soon indicate the approach of convulsions.

These symptoms may be developed by various causes, such as distress of mind, sudden occasion of joy or sorrow, which gives rise to an abnormal mobility of the cerebro-

spinal system, excess of any kind, whether of aliment or stimulating beverages, inducing plethora, or hyper-excitation ;—also by inflammatory conditions of the uterus or its appendages, or by injuries affecting these organs.

Whatever may be the exciting cause, however, if the premonitory symptoms are quickly followed by the full development of the convulsive stage, or if although present, they shall have been so lightly thought of as to escape notice, the state which then occurs is one of considerable danger and difficulty. It is, therefore, of the deepest importance to interpose during this premonitory stage, such remedies as shall at once relieve the patient, and avert so fearful a consequence. When the convulsive attack is sudden, there is sometimes observed for a moment only, a change in the countenance of the patient, a sharp or cross way of speaking, a fixed look, with a slight involuntary movement of the mouth, brilliancy of the eyes, and a flush ; she then falls down, or goes off at once into a state of insensibility ; the limbs are strongly convulsed and tossed about, or extended with rigid hardness, and the contortions of the face are painfully expressive ; a tetanic state of the body sometimes occurs, and every now and then, shocks or shudderings through the frame take place ; grinding of the teeth and incoherency occur ; the pulse, at first quick, becomes slow, full and bounding, the respiration laborious, and sibilant or stertorous, often with foaming at the mouth, and protrusion of the tongue : the eyes are fixed, staring, or rolling about, showing only the white ; the pupil is sometimes dilated, at others contracted to a point ; the heart beats forcibly, and consciousness is abolished,—the evacuations passing involuntarily. When the convulsion subsides, the coma still continues with stertorous breathing, while the other symptoms disappear or diminish.

The paroxysms may subside and recur at variable intervals, the comatose stupor persisting during the interspace,

and if not relieved, terminating in apoplexy or death. On the other hand, it is not uncommon for the patient to revive somewhat after a fit and to remain quiescent and conscious, though exhausted, until the accession of another paroxysm.

During the fits the state of the os uteri is important. If they should occur from any accidental cause, prior to the natural term of utero-gestation, by careful management, the indications of incipient labour may not present themselves, and the patient may recover so as to go on the ordinary period; but if the normal period of parturition has arrived, then the effects of the convulsive efforts upon the os uteri are significant. The opening of the os is, in some instances, the signal for the manifestation of convulsive action, each parturient effort being accompanied by a convulsion; in others every paroxysm seems to cause a firm, spasmodic contraction of the os, and so interferes with and delays the progress of labour. The convulsions sometimes continue at intervals until the birth, which, therefore, is an event looked forward to with great anxiety; and it has happened that labour has proceeded, even to the expulsion of the child and secundines, without the surrounding attendants being aware of it, in consequence of the convulsions so obscuring the parturient efforts that there was no outward manifestation of the labour. This shows the duty of ascertaining, without doubt, the actual condition of the uterus by a proper and timely examination. If delivery,—whether it be at the full time, or not,—be inevitable, and if, in spite of the application of appropriate remedies, the convulsions continue or increase, then it will be a matter of serious consideration whether the birth of the child can be expedited by manual or instrumental interference, with safety to the mother. The sooner the child is born, the sooner may we reckon on the probable cessation of the convulsions, and the safety of the mother; although they do not always terminate when that desirable object is accomplished.



The occurrence of hæmorrhage, a not unfrequent complication, is another circumstance that would make the termination of labour of the greatest importance, and must be considered one more reason for delivery by art, provided the other conditions for such interposition be present. Any interference, however, with a view to expedite delivery is not admissible, so long as the convulsions can be mitigated or relieved by other means, and then only in those cases which admit of easy manipulation, from the position of the ovum, the relaxed state of the os uteri, and other favouring conditions, so that no additional irritation may be caused.

Convulsions, also, sometimes take place after delivery, and are then attended with greater danger. The individuals most liable to convulsions, are those either of a weak and nervous temperament, or of a full, plethoric habit. Besides the causes previously noticed, there are others of a debilitating character which predispose to convulsions, such as :—great losses of blood, whether from hæmorrhage or the lancet, depressing emotions, &c.

Some paroxysms, moreover, partake of the hysterical character, so that several modifications are observed, depending on the predominance of the apoplectic, the epileptic, or the hysterical conditions. Attentive observation of these several complications is highly important, as the accessory symptoms which accompany the convulsions will often determine the choice of the remedy, since the convulsions are sometimes connected with plethora and sometimes with debility and inanition.

It has been said that paralysis rarely, if ever, results from puerperal convulsions, but I knew a lady, who had repeated attacks, in several confinements, and who always experienced a paralytic condition of one side, the leg dragging after her, and remaining cold and weak for many months.

This is one of those diseases in which the superior efficacy of homœopathic remedies is beyond doubt. The extreme severity of the attack, the imminent danger, and the fearful consequences, would daunt the moral courage of any man, who had not perfect confidence in his remedial agents; and the contrast between the action of the *vis medicatrix naturæ* which must be slow, and the rapid effects which follow the application of the Homœopathic remedy, is sufficient, here, at any rate, to determine to what influence recovery is due.

When, too, we compare it with the formidable and awkward *apparatus medicamentorum*, with its auxiliaries of bloodletting, to so awful an extent as is said to be indispensable in these attacks, and remember (for thank God they exist only as delusions of the past), the evils attendant upon loss of blood and salivation, which are the sheet-anchors of the Allopathic practitioner, the wonderful blessings, as well as the simplicity and power of Homœopathy, at least excite our gratitude and astonishment.

*Treatment.*—This must first be hygienic. If there be time, all *ligatures* must be speedily severed; *pure* and *fresh air* should be admitted, at the same time carefully preserving the warmth of the body. *Cold* evaporating lotions, or *ice*, may be applied to the scalp, and warmth to the feet. The rectum may be emptied by an enema, and the bladder by the catheter. If the convulsions are sudden, all external aids must give place to the immediate application of the homœopathic remedies, which can also be had recourse to in the premonitory stage.

The remedies to be used with perfect confidence in these attacks are, *Aconitum*, *Arnica*, *Arg. nit.*, *Belladonna*, *Bryonia*, *Cantharis*, *Causticum*, *Chamomilla*, *China*, *Cicuta*, *Coffea*, *Gelseminum*, *Hyoscyamus*, *Opium*, *Pulsatilla*, *Stramonium*, *Ignatia*, *Lachesis*, while *Nux v.*, *Bryonia*, *Secale*, &c., may be useful for adjuvants occasionally.

*Aconitum.* When the premonitory symptoms begin with pain in the head, redness and turgescence of the face, hot skin and accelerated pulse, the remedy may be given as follows :

*Aconitum* (tinct.), 3,

two drops to a wine-glassful of water, of which mixture a teaspoonful should be given every hour, or even every half hour, in very urgent cases.

This may be continued at more or less distant intervals, according to the effects, and until all danger of congestion has disappeared ; draughts of cold fresh water may be given, and abstinence from all nourishing food should be enjoined. If the convulsion has commenced, *Aconite* is not sufficient, and—

*Belladonna* must be had recourse to. If the practitioner has been called too late, or if the earlier symptoms have been brief, or overlooked, or the convulsion momentary,

*Belladonna* (tinct.), 3,

should instantly be placed within the lips, or if possible, dropped upon the tongue. The effects will at times be astonishing ; a subsidence of the involuntary movements takes place, the patient recovers the more natural aspect, the eyes open, a deep sigh escapes, and a calmness of the system ensues. Its chief indications are : a stunned sensation or effect, loss of consciousness and of speech, with convulsive movements in the limbs and muscles of the face, paralysis, especially of the right side, paralysis of the tongue, difficult or impossible deglutition, dilated pupils, red or livid and swollen countenance, &c. ; or paleness and coldness of the face, with shivering, fixed or convulsed eyes, foam at the mouth, involuntary escape of fæces and urine ; deep, anxious respiration ; renewal of the fits at every uterine contraction ; agitation and tossing between the fits : or deep sleep, with grimaces : starts and cries, with frightful

visions. It is suitable to all the forms of convulsion, and may be given in the same manner as prescribed for *Aconite*.

*Arnica* may be given when, with a violent impulse of the heart, sending the blood forcibly to the head during the pains, especially if the pulse be full and strong, there are symptoms of paralysis of the *left* side particularly, loss of consciousness, swelling, involuntary discharge of stool and urine, dulness of the head, &c.

This medicine may precede *Belladonna* under these circumstances.

*Opium* is indicated when there is, or has been vertigo, and weight of the head, especially of the right side, sleeplessness, or heavy sleep, a tendency to stupor, with stertorous breathing, or incoherent wandering, a convulsive rigidity of the body, with redness, swelling and heat of the face, heat of the head with sweats, redness of the eyes, with dilated and insensible pupils, slow and noisy respiration, convulsive movements and trembling of the limbs, froth at the mouth, &c.

*Hyoscyamus*, in cases where there is a general commotion or perturbation of the nervous system, if the countenance is blueish or bloated, if there are convulsive movements of the whole body, jactitation of the limbs, excessive anguish, involuntary micturition, or profound sleep, the patient being comatose and snoring; delirium, and in the intervals of the convulsions, agitation and disposition to laugh at everything.

*Stramonium* is advantageous when tetanic symptoms present themselves, opisthotonos, or convulsive movements of the limbs, particularly of the upper part of the body, the sardonic grin, stammering or loss of speech, countenance pale, stupid, or puffed and red, loss of consciousness and of sensibility; sometimes cries, frightful visions, laughter, groaning, singing, attempts to escape; the fit being renewed by contact, or the sight of brilliant objects.

*Chamomilla* acts as a sedative upon the nervous system.



as well as *Belladonna*, it will be serviceable in patients whose nervous excitability is great, and who are of a susceptible temperament. If a fit of anger has been the exciting cause, and when there is a great desire to extend the limbs, with convulsive movements of the limbs, eyes, eyelids, or tongue; shocks during sleep, red and bloated face, or red on one side and pale on the other, dry and burning skin, with urgent thirst, warm perspiration of the head and face, quick, anxious, and rattling respiration, great impatience and disposition to anger, with diarrhœa and flatulent distension.

*Ignatia* is mostly indicated in the hysterical temperament, when the symptoms are more of the nervous than of the congestive character, and there are convulsive movements of the limbs, eyes, eyelids, and face, throwing back of the head; the countenance is puffy, pale or very red, or is pale on one cheek and red on the other, or there are alternations of redness and pallor, paroxysms of dyspnœa, frequent yawnings, loss of consciousness, &c.

*Lachesis* may be required when the convulsions are attended with cries, cold feet, vertigo, cephalalgia, paleness of face, palpitations, heavy drowsiness, nausea, &c.

*Pulsatilla* should be given when the countenance is cold, clammy, and pallid; and when there are loss of consciousness, motion, stertorous breathing, feeble pulse, as in asphyxia, and dysuria; or when the labour-pains are deficient, irregular, or sluggish. The sprinkling of cold water on the face, and applying it to the hands frequently *during* the fit is an excellent adjuvant.

*Secale* may also be administered in the case of its being necessary to assist the uterine action as in the former instance.

*Coffea* is useful, if the patient is not accustomed to the use of coffee as a beverage, to calm the nervous excitability, which is often a prelude to convulsions.

*Nux vomica* may be given during the premonitory or



post-partum period, when there is great torpor of the intestinal canal, with irritable disposition.

*Bryonia* during the same period if there is abdominal tenderness with full pulse, and perspiration.

*Mercurius, China, Cuprum, Ipecacuanha, Ver. vir., Zinc,* are remedies which might occasionally be indicated, but I must refer the reader to the *Materia Medica* for their pathogenetic properties.

Convulsions occurring at any time during the period of utero-gestation are amenable to the same treatment as above described.

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### PUERPERAL PERITONITIS.

There are two forms of peritoneal inflammation to which women are liable in the puerperal state :—the ordinary, and the epidemic.

The distinction is important, inasmuch as the former is an example of common inflammation occurring at a period when the nervous system is abnormally irritable, and readily exhausted, while the latter has a malignant character, results either from an epidemic or endemic cause, is marked by greater virulence, exercises a more depressing effect upon the vital powers, passes on to a rapid termination, and possesses a contagious or infectious character.

A few remarks upon the epidemic peritonitis will not be out of place here, the more especially as it is my intention to discuss the treatment of both conjointly, since their symptoms have a certain correspondence, and the treatment must therefore be similar.

*Peritonitis puerperalis epidemica*, or puerperal fever, as it is more generally termed, usually attacks the patient on the second or third day after delivery. The disease is generally ushered in by a very rapid and weak pulse ; there may be a severe rigor, but this is more frequently absent ; there

is sudden heat, and profuse perspiration; tenderness and excessive distension of the abdomen; apprehensiveness of death; vital prostration; peculiar and characteristic anxiety of countenance, deeply expressive of pain, with contracted brow, and drawing of the upper lip against the teeth, and fear of breathing deeply and thereby distending the abdomen: there is also pallor, with partial heat. The tongue is morbidly clean, or flabby and moist; the pulse ranges from 120 to 150. There is painful depression of spirits. The milk and lochia are not always suppressed; the latter are often offensive. Vomiting usually exists from the commencement, but in some cases this is absent altogether. There is scanty or suppressed urine. Either constipation or diarrhoea may prevail. The mind is little disturbed, but there is an apathy of despair in the patient's manner. The majority of cases under Allopathic treatment are fatal. Dr. Gordon, in his pamphlet on 'Puerperal Fever,' gave a history of the Epidemic at Aberdeen which occurred in the year 1760. He there proves most incontestably that the epidemic puerperal fever was, and always is, an erysipelatous inflammation of the peritoneum, requiring the treatment proper for erysipelas, and that this is the reason of its epidemical and contagious character. He found that occasionally there was metastasis to the skin as well as to other parts, and when this was the case, it produced an erysipelatous state of the extremities, which, he states, proved "a certain sign of the salutary crisis." At other times the metastasis takes place to the brain, and leaves the abdomen, inducing delirium. Now it is not usual for peritonitis, under ordinary circumstances, to be shifting its locale, as rheumatism and erysipelas do, but, on the contrary, when once the serous membrane is attacked with common inflammation, it either extends or subsides within its own proper boundaries; if it extends, it is by contiguity of structure, if it recedes, it is by resolution of the disease, not by sudden translation to some other organ. I once

delivered a woman who was attacked by peritonitis on the fourth day, (without any appreciable cause, except an endemic one, attached to the house in which she lived,) of which she died on the eighth. A few days after, the infant had fugitive erysipelas of the limbs, which gradually subsided under treatment. The nurse who attended upon the mother continued to nurse the infant. At the end of a week she was seized with erysipelas of the head and face, and had a narrow escape with her life. This and similar facts have convinced me that the puerperal fever, in its pathological condition, is essentially different from simple peritonitis, and is of an erysipelatous character.

This explains most satisfactorily the reason that women who are attacked with this formidable complaint, so much more frequently recover under Homœopathic treatment.

Dr. Rigby has stated that during an epidemic in the General Lying-in Hospital, the child of every woman who died of the disease, perished of erysipelas, which ran its course in a few hours. Many instances are recorded of women having nursed patients that died of this fever being attacked with erysipelas of the leg ; and likewise of practitioners who have gone from visiting patients affected with erysipelas to attend lying-in women, finding the latter to be attacked by puerperal fever, which has proved fatal. The nurse of one of these was attacked by erysipelas of the hand, which was looked to by another surgeon ; one day after having made an incision and dressed the wound, he was called to attend a case of midwifery ; the patient was taken with puerperal fever and died.

Since Dr. Gordon's account of it, many others have written upon the same subject, and the erysipelatous form of puerperal fever is now very generally acknowledged.

The far greater success with which epidemic Erysipelas has been known to be treated, by the adoption of Homœopathic principles and remedies, is a hopeful circumstance in

the consideration of this lamentable disease; and it is for this reason that I have laid some stress upon its erysipelatous character, and have separated it, so far, from simple, puerperal peritonitis. The statistics of the Homœopathic treatment of puerperal fever afford ample evidence of the truth of this connection.

*Puerperal peritonitis* may occur in consequence of a chill, caught during the act of parturition, or from the use of damp or wet linen, or may be occasioned by violence, exciting inflammatory action in the uterus, thence extending along the fallopian tubes, to their fimbriated extremities,—the only point at which the mucous and serous surfaces come in contact,—and so by contiguity, to the peritoneum. Or, the attack may be primary, from some of the above causes. Previous indisposition is not an unlikely cause. From the first shock of delivery, the pulse may be quick, and pain be felt in different parts of the abdomen, with some degree of tenderness and tension; nausea, or vomiting, being complained of; and a distinct rigor, or chills, followed by burning heat. The pulse increases in rapidity, is wiry and small: the pain extends all over the abdomen, but is sometimes circumscribed, and shoots into the hips and thighs: it becomes intense, of a burning, acute character; the belly becomes swollen and tense; the tongue is white and dry,—there are thirst and occasional vomitings, an irregular state of the bowels, at first costive, but afterwards relaxed or bilious. The lochia and milk are diminished or suppressed; the breasts become flaccid; and the patient is lying on her back, with her knees raised, because extension aggravates the pain.

If the uterus have been the channel through which the efficient cause acted, the attack is more insidious, and at first the abdominal pain may be mistaken for after-pain, from the remissions that occur.

Dr. M. Hall states, that violent rigor, great heat of surface,—often followed by profuse perspiration, frequency

of pulse, and affection of the head,—denote the addition of intestinal irritation to the state of inflammation,—rigors certainly do not invariably accompany the first symptoms of puerperal peritonitis. Rattling of the breathing, with enormous distension of the abdomen, are fatal symptoms.

The treatment of Puerperal peritonitis, whether of the epidemic, malignant, or simple form, demands the closest investigation on the part of the practitioner. The first dawn of the disease ought to be recognised, and a careful examination of the abdomen instituted, upon the least suspicion, as tenderness on pressure is the pathognomonic sign by which to distinguish peritonitis from intestinal irritation or after-pain, and the cure is more sure and easy, in proportion as the treatment is begun early. For this reason, a puerperal female should be watched during the first four or five days after delivery, as a fatal illness may possibly be averted, by an immediate arrest of incipient symptoms of inflammation.

But if, in spite of a due surveillance, or in the absence of the practitioner, the phenomena of peritonitis shall have declared themselves, the following prescription must at once be had recourse to:—

*Aconitum* (tinct.), 3,

two drops in four table-spoonfuls of water; a teaspoonful of such mixture being given every hour, or half hour, according to the intensity of the symptoms. This must be continued for a few hours, till some relief is obtained to the abdominal tenderness, the acute pain, the fever, vomiting, &c. If, at the end of twelve hours, the symptoms have given way, the doses may be extended to every two or three hours. If the case be one of the more simple form of peritonitis, this remedy will often be found sufficient to accomplish the cure; but if, after six or twelve hours,—and especially in the case of the malignant puerperal fever,—



notwithstanding that the febrile symptoms are diminished in violence, the abdominal symptoms remain the same, *Belladonna*, or *Bryonia*,—whichever appears most suitable to the state and constitution of the patient,—must be substituted.

*Belladonna* is suitable, especially when the pain is violent and cramp-like, as if a portion of the intestines was squeezed between two stones, with tumefaction of the abdomen ; or if the pains are forcing towards the genital organs, as if the parts would fall through : with excessive sensibility of the abdomen to the touch ; chills in some parts, with heat in others, at the same time ; or burning heat, especially of the head and face ; redness of the face and eyes ; compressive pain of the forehead, with pulsation of the carotids ; dry mouth, with red tongue and throat ; sleeplessness, with agitation, or sleepy eyes ; wild delirium, or other cerebral symptoms ; diminished lochia, which are aqueous or fetid ; or even metrorrhagia, with escape of red, fetid blood ; the breasts swollen and inflamed, or flaccid and empty ; constipation or diarrhœa ; and particularly if the disease be of erysipelalous origin.

*Bryonia* is especially indicated when the abdomen is swollen equably ; is very sensitive to the touch,—the pains being aggravated by the slightest movement, with constipation ;—the fever of the distinct inflammatory kind, with burning heat over the whole body, ardent thirst, and desire for cold drinks ; irritable humour ; disposed to anger ; or restlessness and apprehensiveness as to the result, &c.

*Chamomilla* may be given when the breasts are flaccid and without milk, and there is diarrhœa, with white motions ; tympanitic distension of the abdomen, which is sensitive to pressure ; pains in the belly, like the pains of labour ; general heat, with redness of face, and great thirst ; aggravation of symptoms at night, followed by sweats ; great agitation, impatience, and nervous irritability,—and, especially, when the peritonitis is the consequence of a fit of anger.

*Colocynth* is, at times, of great service, even in desperate cases, when the abdomen is greatly distended and the pains are insupportable; the patient draws the thighs up as close as possible to the belly; diarrhœa, with colicky pains, every time she drinks. The first effect of the *Colocynth* will be, the relief of the colic and diarrhœa, and the belly becomes less sensitive.

*Mercurius solubilis* is also a precious medicine in puerperal peritonitis, of the simple kind, especially during the inflammatory state, or when there are symptoms of effusion in the peritoneum; it is particularly indicated when, along with the general symptoms of the malady, there is a dejected, affrighted countenance, burning, inextinguishable thirst, flow of saliva in the mouth, burning and lancinating pains in the belly, with desire for stool without effect, or with mucous and sanguineous dejections; deep-coloured, very offensive urine; general, debilitating sweat, without relief, and marked aggravation of the symptoms at night.

*Nux vomica* is suitable at the commencement of the attack; when the lochia have been suddenly arrested by a contrariety, or contradiction, which has produced a mental depression; or, if the same cause has produced an increased flow, with sense of heaviness, and burning in the genital parts, and in the belly: but it is more especially suitable for metritis.

*Rhus* is a medicine almost indispensable, when, in the course of the disease, the nervous system is much implicated; when the least contradiction aggravates the symptoms, and the lochia, from having changed, become again sanguinolent, with the discharge of clots of blood, and the fever is of the low, or typhoid, kind.

*Arsenicum* is most useful when there are anguish, sudden prostration, sunken countenance, sallow or livid complexion, extreme restlessness, and want of sleep, burning pains in the abdomen; burning heat and thirst, with dry, parched lips,

vesicles on the lips and in the mouth, nausea or vomiting, oppression of the chest, giddiness, headache, delirium, small, feeble and intermittent pulse.

*Arnica* is applicable, if the inflammatory condition resulted from injuries which occurred during the progress of delivery, and may be given before any of the foregoing remedies.

*Hyoscyamus* is indicated by spasmodic symptoms, jerkings of the extremities, frequent discharge of coagula, a typhoid state, with delirium,—especially if the symptoms are due to emotional disturbance.

*Stramonium* is analogous to *Hyoscyamus*.

*Platina* will be suitable in irritable constitutions, if, during the convalescent stage of the disease, discharge of thick blood takes place, with painful forcing-down of the uterus and vagina, sexual irritation, internal chills, &c.; pressive pain in the forehead, which is increased by every movement of the head; also, if hysteric symptoms, discontent, discouragement, and self-exaltation are apt to prevail.

Besides these medicines, there are others which are of great utility in those cases where effusion into the peritoneum cannot be prevented, and which should be had recourse to, according as the symptoms of the remedy correspond with those of the patient.—These are, *Arsenicum*, *Carbo veget.*, *Assaf.*, *China*, *Bellad.*, *Lachesis*, *Sulphur*; or *Puls.*, *Rhus t.*, *Ipec.*, *Coff.*, *Hyoscy.*, *Stram.*, *Arnica*, *Nux v.*, *Plat.*, *Sepia*, *Crocus*, &c.

In treating patients affected with puerperal fever, the most absolute repose of body and mind should be secured; all noise should be shut out, the chamber darkened, and a moderate temperature retained; the room should be well ventilated, so as to have the air changed without admitting a cold draught. Privation of all aliment must be enforced, and the thirst allayed by teaspoonfuls of cold water, which may be iced in summer or if the vomiting be troublesome. All local applications should be avoided, on account of the

excessive sensibility of the abdomen, and the disposition to faint from the aggravated pain, which often accompanies every movement. If the lochia are suppressed, flannels wrung out of hot water may be applied to the vulva ;—or a tepid enema may be employed, in case of great constipation ; but it must be in small quantity, so as not to disturb the bowel much. The infant should be removed, and fed upon cow's milk and water, until the patient is out of danger.

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### PHLEGMASIA ALBA DOLENS, OR WHITE LEG.

This painful affection commences sometimes between the fourth and the twelfth day after delivery,—at other times even much later,—by a sense of stiffness, with more or less pain and tenderness in the region of the womb, and in the groin, or iliac fossa : or, an occasional shooting pain is sometimes felt, which extends from the pelvis down to the foot. After this a sudden pain is experienced in the middle of the calf, or about the knee, when the swelling of the thigh commences, and febrile symptoms set in.

As the swelling rapidly increases it assumes a white, shining, tense appearance, which is the peculiar characteristic of the disease.

Whenever it takes place the whole constitution is speedily affected by it. The pulse becomes quick and feeble ; rigors occur succeeded by heat of skin, with white and furred tongue, pale and anxious countenance, headache, nausea, prostration of strength, and thirst. The lochial discharge is ill-conditioned, dark, and often fetid, or perhaps arrested ; the milk is likewise diminished or suppressed. The urine is thick, muddy, and scanty : the bowels being costive, with pale or clay-coloured evacuations.

After the first febrile symptoms have passed, there is often profuse perspiration, with debility, perhaps diarrhoea,



or quick and irritable pulse, and sleeplessness. The swelling sometimes begins at the groin, and proceeds downwards; but in most cases commences at the calf of the leg, and runs upwards. It is attended with considerable pain and aching,—which is somewhat diminished when the swelling takes place,—and with a powerless condition of the limb. The pain is aggravated by a depending position, and by the application of dry heat; great tenderness and a cord-like hardness are felt along the course of the femoral vessels. The gluteal region is also enlarged and tumid, and the superficial veins become distended and apparent. The temperature of the leg is increased, but the foot is more generally cold.

The patient cannot bear the least touch or movement of the affected limb, and often cries out with the agony.

The vagina, os uteri, and pelvic muscles are tender, the os patulous.

If the skin be punctured, no serum escapes, and there is no pitting, or pressure; but, as the tension becomes relieved by the subsidence of the disease, and recovery commences, there is often a certain amount of œdema, as the result of debility of the vessels and tissues of the limb.

It not unfrequently happens that while a certain degree of amendment is going on in the limb attacked, pain and swelling will occur in the other, without always affording relief to the former.

When the disease has occurred in an unhealthy constitution signs of a depressed state of the vital powers may present themselves, such as low delirium and coma, or a disposition to gangrene or hectic symptoms may appear. Occasionally the disease is very mild and attended with little swelling.

It is sometimes prognosticated by a pain darting down from the pelvis to the foot which is felt just before the expulsion of the child, or accompanying the after-pains.

The disease is very uncertain in its duration, always



tedious, the febrile irritation and pain gradually subsiding; the swelling and sense of weight in the limb lasting for a long period. It frequently degenerates into a chronic condition, and relapses occur from walking or standing too soon, or getting cold in the foot.

It is sometimes fatal from previous hæmorrhage and the violence of the constitutional symptoms from sudden change to the upright posture, or from purulent formations. Infiltrations of fibrin and pus are found after death in the limb, and the course of the vessels within the pelvis; purulent deposits have likewise been formed in remote organs. Phlebitis of the crural and iliac, as also of the uterine veins, is the chief pathological condition.

The predisposing causes of phlegmasia dolens are,—pressure of the gravid uterus upon the vessels and nerves of the pelvic cavity during the latter period of utero-gestation, violence done to those parts and to the uterus by difficult labours, the use of instruments, hæmorrhage or depletion, an anæmic or cachectic state of the constitution, with exhaustion and debility.

The exciting causes are injuries by the use of instruments; the retention of portions of the placenta or coagula, or roughness in the removal of the placenta; morbid lochia; hysteritis; exposure to cold; a draught of cold air reaching the parts; too early standing, or placing the foot upon cold oil-cloth, getting the feet damp, or the use of damp linen.

*Treatment.*—The first thing to attend to is a proper position of the limb, which should be kept semiflexed, with the foot raised above the level of the thigh, so as to favour the return of the blood, and give ease to the patient; the foot and leg must be enveloped in carded cotton or wool, and moderately nourishing diet administered, according to the greater or less activity on the inflammatory and febrile symptoms.

The principal remedies to be had recourse to are :—*Arnica*, *Aconitum*, *Belladonna*, *Bryonia*, *Hamamelis*, *Pulsatilla*, *Mercurius*, *Rhus*, *Sulphur*, *Arsenicum*, *Nux vomica*, *Chamomilla*, *China*, *Calcareas*, *Lycopodium*, *Veratrum*, also *Antimonium*, *Sabina*, *Iodium*, *Sepia*, and *Silicea*.

*Arnica* is most useful in the earliest stage, especially when the pain has commenced at the time the child's head was passing out of the pelvis, exerting more than ordinary pressure upon the vessels and nerves ; it is likewise occasionally serviceable in the chronic stage.

*Aconitum* should be used in the febrile state, when distinct inflammatory fever is present, with hot skin, dry tongue, parched lips, thirst, quick and hard pulse.

*Belladonna* is useful after *Aconite*, or in any subsequent stage, to relieve the crampy pain of the calf, together with the swelling and inflammation of the blood-vessels and absorbents. Its chief indications are :—tearing pain in the lower extremity, rending in the joints, &c. ; weight in the thighs ; drawing in the left thigh, pressure in the right ; lancinations as with knives ; besides its homœopathicity with the disease of the uterus and its appendages.

*Bryonia* is of advantage after *Aconite* or *Belladonna* when the swelling continues in a chronic state, or with crampy pain in the calf, &c. Its principal symptoms are :—drawings in the hips and lower extremity ; shooting from the hips or haunches to the foot, sometimes with general sweat, and impossibility of bearing the least touch or movement ; drawing sensation as if the menses were coming on ; painful, tensive stiffness ; swelling of the thigh without redness, &c. It is most suitable when vascular irritation is present, and in plethoric subjects.

*Hamamelis virg.* is of the greatest benefit in inflammation of the veins, and should especially be used in phlegmasia and phlebitis.

*Pulsatilla*, besides its great sympathy with the sexual

diseases of females, exercises a specific action upon the venous system, as indicated in the swelling of the vessels of the hands and legs in many of its symptoms, and in its producing varices; consequently it has a specific action upon phlebitis and puerperal phlebitis, when accompanied by suppression of the lochia.

*Rhus* is indicated when there is powerlessness of the limb, with chronic swelling, or a typhoid condition of the system.

*Arsenicum*, when the system is much depressed, the limb tumid, and œdematous,—the constitution cachectic, exhibiting an impaired vitality,—when the pain is worse at night and of a burning character. If typhoid symptoms occur, with low delirium; or if there be slow hectic, with melancholy, excessive anguish, and apprehensiveness at night.

*Mercurius* is useful after *Belladonna* or *Bryonia*; it promotes absorption, and is indicated when suppuration threatens or is present, and in the hectic fever which accompanies it.

*China* may be given when there is great debility of the system, a cachectic constitution, with tumefaction of the limb, especially if the patient has suffered much from hæmorrhage.

*Sulphur* is very useful intermediately with any of the above, if any latent constitutional taint is supposed to exist. It assists the action of the other medicines and promotes absorption. It should be given whenever the numbness, heaviness, and powerlessness of the limb are great.

*Antimonium* is indicated when the swelling is considerable, is in a chronic state, and the red lines of the absorbents are traceable upon the skin, and a disposition to dry gangrene shows itself.

*Calcareæ* is applicable when the disease occurs in a strumous or cachectic constitution.

*Iodium* will be useful under similar circumstances.

*Sepia* is best indicated when the disease is connected with congestion, or chronic inflammation of the uterus.

The other remedies are occasionally beneficial, and may be studied in the *Materia Medica*, when the pathogenetic indications which guide their application to particular states will be found.

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### PUERPERAL INSANITY.

Puerperal insanity comprises the two forms of phrenitis and mania, to which may also be added the melancholia, which more frequently arises from morbid or protracted lactation.

Phrenitis is a rare disease in childbed. All the circumstances attendant on the parturient and puerperal states, the peculiar condition of nervous susceptibility, and easy exhaustion, are opposed to the occurrence of inflammatory excitement of the brain; on the other hand, the same condition must be considered as favorable to the development of mental perturbation and emotional excitement. In determining the production, then, of either form of disease, the physical temperament may have considerable influence. The same exciting cause which, in the timid or lively, yet enervated and susceptible individual, would lead to mania, in the robust and plethoric would probably excite phrenitis.

The mania which occurs soon after delivery is more dangerous than the melancholia which happens as the effect of morbid lactation several months after. Mania is a less durable disease than melancholia; it is more dangerous to life, but less dangerous to reason.

*The causes* of puerperal insanity are *predisposing*, such as:—hereditary predisposition; a nervous, susceptible temperament; pregnancy, and the puerperal state; uterine hæmorrhage, or any other exhausting process; puerperal convulsions; loss of blood from improper treatment; morbid

or protracted nursing; weaning; low diet; functional disturbances of the abdominal viscera. Or *exciting*, such as :—anger; depressing passions; any sudden fright or other mental agitation; disorder of the digestive organs; uterine disease, &c.

From numerous observations it is now well understood that puerperal mania does not always depend upon inflammation of the brain. Dr. Gooch has truly characterised it as a disease of excitement without power; and patients generally die with symptoms of exhaustion, not with those of oppressed brain. The state of health previous to the occurrence of parturition often influences the state of the brain afterwards. In illustration of that fact, Dr. Gooch has related the case of a lady, who had jaundice at the time of her first confinement, and became maniacal after. She had jaundice again slightly during her second confinement, and suffered again from an attack of mania, which was, however, excited by witnessing an alarming fire, some of the burning materials of which flew past the window out of which she was looking. Previous to a third confinement she was again the subject of jaundice, which this time was removed by treatment, before delivery, and she escaped her mental derangement. Puerperal insanity seldom becomes permanent, although it may last for weeks or months: nor does it invariably recur at a future confinement, but, on the contrary, if great care be observed, calm and quiet composure of mind be secured, and all exciting circumstances avoided, the probability is that it will not be repeated; but a sudden or painful excitement is almost sure to reproduce it.

The symptoms of puerperal insanity vary a good deal in different individuals, being dependent chiefly upon the temperament, the exciting cause, and the state of the bodily vigour.

In phrenitis there are, in addition to the raving delirium, dull headache, with thirst, throbbing in the head, and giddi-



ness, beating of the carotids; flushed face, hot skin, and quick pulse; a vivid vascularity or suffusion of the eye; aversion to the light; increased sensitiveness to sound. At times questions are answered correctly, at others with incoherency; watchfulness, and a hurried manner, with confusion of thought, great irritability, and vehemence of temper, or rambling about absent things and persons usually prevail. The general incoherency and delirium often alternate with sullenness. The lochia are not suppressed; the secretion of milk ceases; the bowels are not constipated, although an imperfect evacuation of their contents, allowing of a lodgement of ill-conditioned *fæculent* matter, often prolongs the disease.

If the active symptoms are not speedily subdued, furious delirium comes on,—with rapid and vociferous talking, violent gesticulations, and wild expression of countenance. The patient may be destructive,—spitting, pulling the hair, &c. Spasmodic twitchings of the muscles, tremulousness of the hands, strabismus, grating of the teeth, stammering speech, are present; and often the muscular strength is inordinately excited, the patient making violent efforts to get out of bed, and, failing in the attempt, sinks back apparently in a state of exhaustion. Paralysis follows, and the patient sinks into a low, comatose state; the extremities becoming cold, the breathing laborious, with convulsions and death.

The other form of puerperal mania exhibits the mental symptoms in a more prominent manner. These generally show themselves rather suddenly,—a few days after delivery, if the disease has been excited by some sudden agitation,—or, may be, at the end of a fortnight or later; but more gradually if it arises spontaneously,—the patient perhaps awakening from a slumber impressed with a terrifying dream; or, without apparent cause, appears sullen, or abrupt in her speech all at once, with an unnatural look and de-

meanour, or pale face, soft and not very quick pulse, and hallucinations of various kinds.

Then there may be incessant incoherent talking, profuse perspirations, and involuntary evacuations ; or there are, from the first day after delivery :—restlessness at night, a quick pulse, irritability of temper, scolding about the merest trifles, and a perverse determination to scrutinise her domestic concerns ; suspicions about her husband ; violent passions ; perpetual wakefulness ; a general apprehensiveness of manner ; every variety of deranged emotion, and perverted feeling, with delusions of every sort. In some cases the passions are all violent ; in others all gloomy. The hallucinations partaking often of the circumstances or object which was the first cause of excitement. A rapid succession of delusions is sometimes noticed, and the disposition is completely changed. In these cases when the pulse is rapid, it is an unfavorable sign ; but if the pulse be moderate, however great the cerebral disturbance, life is seldom in danger.

MELANCHOLIA is a form of insanity which often results from the exhausting effects of uterine hæmorrhage and morbid lactation. It is generally preceded by some of the symptoms indicative of that state, which are referred to in another article : such as impaired vision after nursing, so that the patient cannot read ; inability to command the attention ; loss of memory ; she forgets one minute what she was going to say just before,—or rings the bell to give directions, which she forgets immediately ; she betrays apathy and indifference about the concerns of life ; she is not desirous of living ; she thinks her death would be an advantage to those around her ; she loses flesh ; her milk fails ; and she is continually imagining she is going to die ; a vacant look, profuse perspiration, and distracted feelings in the head prevail, as if she would lose her senses : she becomes incoherent, or sullen, gloomy and desponding. All these symptoms indi-

cate a failure of power in the sensorium to eliminate the nervous influence. At the outset the mind is often right enough to detect that it is deranged. She expresses a wish that she could hold her tongue, when sitting up in bed, perhaps, and talking incessantly.

Or, the eye is fixed upon some subject intently, the patient is sullen and silent, spasmodic catchings of the hand occur, as though she was attempting to pick up something which she fancies she sees on the bed. Or, she is excited by some imaginary resemblance, which disturbs her; or, the questions of the physician are all repeated by the patient, like an echo.

Again, the patient, if she be given to reading, and is intellectual, will be at times reciting poetry, and again incoherent. The abdominal secretions are imperfect, the functions of the liver morbid, the evacuations being dark and offensive;—those of the intestinal canal and the bladder being voided in bed. The tongue under the former circumstances may be foul,—covered with a dark fur;—the pulse being above 100, with a hot skin, and sleeplessness for many nights, with violent efforts to get out of bed. During convalescence entirely opposite symptoms may exist, such as timidity, and an unnatural avoidance of conversation; self accusation, remorse for some supposed crime, and disposition to suicide, are frequent symptoms in melancholia; this state is at first accompanied by intervals of coherency, during which the patient is conscious of the absurdity of her notions, and struggles against them; but relapsing again becomes violent, even ferocious, and full of hallucinations.

Hysteria or the cataleptic state may usher in the earlier symptoms of melancholia, attended perhaps by the suicidal disposition. The closest vigilance is requisite in these cases, lest in an unguarded moment the patient destroy or seriously injure herself.

## HYGIENIC TREATMENT.

The moral management of such patients must be regulated by a mild but effectual control, which is better secured by strangers and those used to the care of such patients. A close watchfulness must be constantly observed, and everything be removed by which any injury can be committed. as handkerchiefs, garters, stockings, &c., knives, scissors, and other like articles; the windows should be kept locked; exclusion of the husband and of all relatives and friends, as a general rule, is advisable; all discussion or argument should be avoided.

The strait-waistcoat is sometimes absolutely necessary to prevent the patient from injuring herself, and to keep her in bed.

The diet should not be too low; it may be composed of nutritious and unstimulating fluids; gruel and milk, or gruel and good veal broth, or milk alone. The broth can be omitted if there be any thirst and heat of skin. If pallor, and diminished temperature of the skin exist, a little wine with water may be allowed. After some days, in cases of simple mania, a little solid meat may be given in small quantities. In melancholia during lactation, a more generous diet must be prescribed. In phrenitis it must be still more restricted.

## THE MEDICAL TREATMENT.

The remedies which are indicated in the treatment of the several kinds of cerebral disorder connected with the puerperal state, are as follow:—

For phrenitis:—*Acon.*, *Bell.*, *Bryon.*, *Hyos.*, *Opium*, *Stramon.*, *Sulphur*; or, in addition, *Camph.*, *Canth.*, *Cic.*, *Cina*, *Cupr.*, *Dig.*, *Helleb.*, *Lach.*, *Merc.*

For mania, or erethism of the brain, the most common form of puerperal insanity:—*Acon.*, *Bell.*, *Platin.*, *Puls.*, *Stram.*, *Veratr.*; or, *Cupr.*, *Lach.*, *Merc.*, *Sulph.*, *Zinc.*



For melancholia :—*Ars.*, *Aur.*, *Bell.*, *Ign.*, *Lach.*, *Puls.*, *Sulph.* ; or else, *Calc.*, *Caust.*, *Coccul.*, *Con.*, *Graph.*, *Helleb.*, *Hyos.*, *Lycop.*, *Merc.*, *Natr. m.*, *N. vom.*, *Petr.*, *Silic.*, *Stram.*, *Veratr.*

For nymphomania :—*Platina* and *Veratrum* are chiefly serviceable.

The principal indications of a few of the medicines most generally used will be advisable here.

*Aconitum* should be given whenever there is increased vascular action, as in phrenitis, or, in some instances, in the second form. It may be repeated every hour, for a few hours, more or less, depending on its effect upon the febrile symptoms. It is also indicated when the disease has supervened upon mental alarm ; when the patient is in despair, and is morbidly apprehensive about the result being fearful, &c. ; has dread of ghosts, is affected with catalepsy, or nightmare ; or when she declares she is going to die, and fixes the time of her death, has startings, as if affrighted, is of a sensitive temper,—dull, desponding, sullen, or else changeable and fitful,—alternately laughing and crying, with occasional vehemence. Palpitation of the heart, with anxiety ; delirium, especially at night, and cold perspiration appearing on the forehead, while the pulse becomes scarcely perceptible, &c., are additional indications for *Aconitum*.

*Belladonna* is particularly applicable to the various forms of mania with delirium after *Aconite*. Its indications are expressed—when the disease has occurred as a consequence of fear, fright or chagrin—by anguish, anxiety, and agitation ; incoherent speech with constant delirium, incessant restlessness ; congestion of the brain with loss of consciousness ; pain or heat in the head, protruded eyes, redness of the face, jactitation of muscles ; rage, and desire to die when it is passed over ; crazy delirium, foolish jesting, obscene talking, talking of dogs, visions of ghosts, bulls, war, devils, soldiers, &c. ; disposition to spit, bite and tear ; stammering,—



or in fact, every variety of mental hallucination and delusion, and love of solitude.

*Bryonia* is useful after the former in the second stage of phrenitis, or when there is great irritability, fear of death, anxiety and apprehensiveness, determination to be busy about a number of things, forgetfulness, with chills, perspirations and constipation.

*Hyoscyamus*.—Paroxysms of mania alternately with epileptic fits, absence of sleep with constant loquacity, delirium, anguish and fear, especially at night, with dread of being poisoned or betrayed, and desire to run away; visions of dead persons, jealousy, fury, with impulse to strike or kill; ridiculous gesticulations, ravings about domestic matters, and trembling of the limbs, &c.

*Opium*.—When the derangement is the result of fright and fear,—with delirium, painful delusions, and the patient thinks there are ghosts, devils, and masks present; or, her fancies are of mice, scorpions, &c., from which she tries to escape; or when she loses all consciousness of where she is, thinking herself away from home. When there is lethargic drowsiness, with sopor, desire to sleep, but inability to do so, anguish and fury; constipation with erethism, congestion in the head, with redness of the face, &c.

*Stramonium*.—Mental derangement, violent headache with dilated pupils; excessive delirium, loss of sight and hearing; striking about with the head and feet; slow pulse; delirium with frightful visions; fear, and impulse to run away;—or with prayers, devout air, and other religious indications;—or with loquacity, lascivious ideas, affected manners, air of importance, conversation with spirits, dancing, laughter and blows; or ridiculous antics, alternately with gestures expressive of sadness and melancholy; or ungovernable fury, with impulse to bite, spit, strike and kill; desire for light and society; aggravation of the moral affections in solitude and darkness, and also at the autumnal equinox; redness and

bloatedness of the face, with silly and smiling expression, &c.

*Sulphur*.—When a psoric taint is suspected, or there has been a tendency to eruptions, which have been suppressed, when the following symptoms prevail :—despondency, apprehensiveness ; disposition to weep without cause ; obstinacy and perverseness without knowing why ; anxiety with heat in the head and cold feet ; not knowing what to do. The patient is confounded with the remembrance of disagreeable occurrences, accompanied with boldness, great disposition to philosophise and talk of religion ; or she imagines she has fine dresses, and that any old rags are new and beautiful things, &c. Stupefaction in the head, feeling as though she had lost her senses. This remedy acts best when the symptoms are aggravated at the wane of the moon.

*Cantharis*.—In inflammatory irritation of the brain, with unconsciousness and sudden starts ; striking about in rage, with cries ; tossing about with clonic spasms, or a barking noise. Great restlessness ; noisy, insolent, and contradictory temper. Paroxysms of rage, like phrenzy ; dread of water ; convulsions, which are excited by touching the larynx or abdomen ; dysuria, delirium, or absence of mind ; dulness and weight in the head.

*Cuprum*.—Melancholia, belief in approaching death ; fearful timidity, absence of thought, weakness of memory ; inability to use the senses ; delirious, incoherent talk and laughter ; delusions about change of character ; craziness, with red, inflamed, and wild-looking eyes. Attempt to bite, spit, &c. The attack of rage ending in sweat.

*Cicuta*.—Suspicious and fearful disposition ; sudden delusions as to change of condition ; sense of strangeness and alarm ; visions of all sorts without feeling bodily ill ; moaning and sadness ; tendency to be easily startled even by a loud word. Feeling of heat after a sleep, with red face, sudden

jumping out of bed ; dancing and clapping of hands, and laughing buffoonery.

*Camphora*.—In cases where the irritability of the system is low, the patient tosses about in bed with constant weeping, foaming rage, disputatious disposition, hasty, hurried manner, vertigo, with loss of consciousness, vanishing of the senses, &c.

*Digitalis*.—Melancholia, with very slow pulse ; disposition gloomy, peevish, irritable, silent, with sad apprehensiveness.

*Helleborus*.—Silent melancholy, involuntary sighs and moans, anguish at the heart with nausea ; vehement if opposed ; emptiness of the mind ; seclusion.

*Lachesis*.—When the patient is loquacious, jumps from one set of ideas to another rapidly, with bodily languor ; exhibiting a superior choice of expression ; ecstatic mood with tears, mistrust and suspicion of those around, weakness of the will, apprehensiveness, or despondency ; great nervous irritability, with susceptible feelings ; easily affronted, and then vehement ; jealous fits, &c. This remedy is not so suitable to the sanguineous temperament.

*Platina*.—In maniacal erethism, with uterine hæmorrhage ; melancholia, with wakefulness, anguish at the heart, fearfulness, dread of death ; shrieking and muttering, trembling of the limbs, red face, small, feeble pulse ; sadness, melancholy, absence of mind, indifference of feeling, and disregard of the most natural objects of affection ; delusions, with exalted self-esteem, taciturnity and weeping ; constipation ; fits of contemptuous feelings ; alternation of cheerful and sad mood ; disposition to whistle and sing ; morbid sexual instinct ; vehement and quarrelsome disposition to beat unoffending people.

*Pulsatilla*.—In mania and melancholia, characterised by moroseness, crying and apprehensiveness,—especially when there has been retrocession of milk ; crying and laughter alternately, anxiety about domestic affairs ; religious melancholia, fears of salvation, constant praying ; anguish and

sleeplessness, anxiety and palpitation of the heart and epigastrium, with disposition to suicide,—imagining she has been unfaithful to her husband ; suspicious, taciturn, reserved, with visions ; heat in the face with thirst, erethism of the brain, and disorder of the digestive organs ; mischievous turn, general tremor, distress, nervous pains and tremblings ; disturbed sleep, dreams, &c. ; silent mood, sitting vacantly, with folded hands, and not speaking.

*Mercurius* may be useful in the phrenitic form of the disease, when symptoms of inflammatory action still exist, when there is fearfulness with delusion of seeing water ; desire for death, with apathy towards those who are dearest ; also if the mind is affected with peevishness, instability and quarrelsomeness, regarding others as enemies,—suspicious and distrustful, or disputatious, quarrelsome and bold, crazy, absurd talking, and wanton manners, destructive mania ; failure to recognise her own friends ; plays with her saliva ; filthy acts, looking pale and sunken, with languor ; blood in the evacuations, &c.

*Veratrum* has been found useful in the various forms of insanity ; and Hahnemann says, that it will cure at least one third of the cases that occur. It is appropriate when there are paroxysms of pain in various parts of the head, as if bruised, or the effect of pressure ; the patient being taciturn, never speaking unless irritated, and then scolding with anger ; irritable at the least trifle ; she is reproachful, disconsolate about her imaginary troubles, moans and weeps, with lamentations ; pretends to be pregnant, or in labour ; is wanton, has suppressed lochia, nymphomania, rage, lasciviousness and filthy ways ; is destructive, or laughing and moaning, singing and whistling alternately, screaming and running about, with blueness of the face, tendency to fearfulness and starts ; there may be redness of the face with great thirst and diuresis ; great prostration of strength.

*Zincum*.—In melancholia, with remorse as if guilty of

crime, with visions of devils ; aversion to people, with dread ; night watchfulness, with alternation of heat and coldness of the body ; dark redness and heat of the face, sunken countenance, vertigo, unsteady gait ; loss of appetite, constipation ; red, turbid urine, with languor, &c., or taciturnity, and indifference to persons and objects ; sullen, peevish, angry, easily-excited changeable mood ; sometimes with intense, obstinate pain in the brain ; and great irritability.

*Anacardium*.—When there is great weakness of the understanding ; dementia ; indifference and want of feeling ; irritable and contradicting mood ; laughs when she ought to be serious, and is serious when incongruous absurdities present themselves to her ; loquacious dementia ; disposition to use bad language, and belief that she is possessed.

*Arsenicum* is useful in melancholia, with excessive anguish of the heart and mind ; dread of ghosts, thieves, &c.,—also of vermin, which the patient fancies are about her ; in gloomy and religious melancholy ; when there is suicidal disposition ; great indecision ; great censoriousness, complaining of everything and every body ; great sensitiveness and tenderness of feeling ; a loss of sensation, consciousness, and speech ; delirious mania, with open eyes, anguish, headache, ringing in the ears, imagining she was a person hung, and disposition to self destruction : writing unmeaning characters, with restlessness and trembling, &c.

*Aurum*.—In melancholia, with suicidal disposition ; loathing of life ; rushing of blood to the head ; seeking solitude ; dissatisfied with everything ; tremulousness ; apprehensiveness ; howling and screaming, with belief that she is lost ; sullen and taciturn ; easily offended, unsociable, alternation of spirits, &c.

*Ignatia* is suitable in melancholia from fright, grief, and anguish ; with despair of salvation ; believes herself unfaithful ; weeping ; with constipation, cold extremities, spasms, and changeable mood, full of emotion, &c.



*Conium*.—When the patient is melancholy ; sunk in reverie, with great apprehensiveness about the present and future, and love of solitude ; superstitiousness ; thoughts of death ; loss of memory ; dulness of mind ; insensibility and indolence, or abundance of fancies in the morning. This remedy will be found especially useful, if any uterine disease exist at the same time.

*Lycopodium*.—In melancholia, with desire to be alone ; avoids her own children ; absence of mind ; loss of thoughts, and confused talking ; anxiety, fearfulness, and timidity, with confusion of sight ; distrustful and suspicious ; insolent and self-willed ; disputes with absent persons ; frenzy and madness ; breaking out in reproaches, envies, and self-exaltation ; wantonly merry ; involuntary laughter and whistling, &c.

*Nux vomica*.—In melancholia, with desire to destroy oneself, with anxiety to leave the house, when combined with disorder of the digestive organs, or after vexation, in quick, irritable subjects ; the patient is readily affected by external objects applied to the senses ; she is anxious and inconsolable, weeps, reproaches and complains, her cheeks being very hot and red, without thirst.

*Natrum mur*.—When sadness prevails, especially if the menses return ; desire to weep and indulge in grief ; involuntary crying ; the patient is apprehensive for the future ; imagines she looks wretched ; and laughs violently at things that are not ridiculous.

*Silicea*.—Especially if the symptoms are aggravated when the moon is on the increase ; ideas fixed on one object ; compunction about trifles ; the patient considers small faults as crimes ; using the wrong words continually ; is whimsical and fault-finding ; startlish and restless ; is irritable though cheerful ; loud conversation is inconvenient ; is thinking of needles ; dreads them, and counts them cautiously ; want of memory ; obstinacy.

## IMPROPER AND UNDUE LACTATION.

The morbid consequences which result from undue lactation are deserving the study of the practitioner, and should obtain his patient and considerate attention. To analyse and trace to their proper source the various functional disorders which are found associated with morbid lactation, will put him at once in the track of recovering his patient from a distressing, if not perilous condition, and will prove an enquiry fruitful in beneficial results.

To witness a young mother of delicate organisation, struggling to afford that nourishment to her child which nature has ordained, and yet at every successive effort feeling wild with nervous irritation, or fainting with exhaustion, while the little sufferer, by its piercing cries, expresses forcibly that the feeble fountain which the mother so anxiously supplies to it, is incapable of satisfying the cravings of its system,—is a painful sight, and elicits the sympathy of friends at the same time that it agitates the mother, and causes her continually to exclaim, “Why cannot I nurse my infant as well as others?”

The organic nervous system which presides over the functions of absorption and secretion, exists in a different ratio of power in different individuals, while it regulates and supplies the numerous sympathetic relations which obtain between distant and associated organs. If the vital power be inherently deficient, and this want be mainly exhibited in the system of organic nerves, the function of nutrition would be impaired ; and we have then that condition of the female economy which forms the basis on which rests the incapacity of which we are now speaking ; or, if any symptoms of imperfect nutrition have shown themselves before marriage, by the patient being the subject of chlorosis, &c., or any accidental cause of debility have occurred since,—such as hæmorrhage, abortion, or exhausting leucorrhœa, the same

result may ensue ; and immediately a continual demand is made upon the system, as in the process of nursing, the powers of the constitution begin to fail.

Anæmia then, as Dr. Marshall Hall has shown,—with all the functional and even organic derangements which result from that condition,—is the state of system induced by undue lactation. But these morbid consequences do not depend alone upon *protracted* lactation.

Undoubtedly the more frequent, and sometimes the more dangerous cases, are the result of this long-continued drain upon the system ; but, it very often happens that the evidences of morbid lactation present themselves at the very outset ; and, it is here, when those vain efforts to overcome the deficiency create such an intense struggle between the maternal feelings and the physical weakness, as at times well-nigh to prostrate the mind. The effects, moreover, are exhibited in the child, by emaciation, colic, diarrhœa and cries.

The majority of women enjoy perfect health during the period of nursing ; many indeed are never so well as when that process is going on, in consequence of the greater activity of the assimilative functions, which prevails at that time, induced, on the one hand, by the greater amount of nutriment taken into the stomach with appetite,—and, on the other, by the demand made upon the system by the child. The process of conversion is, therefore, more than usually rapid, and this cannot take place in a part of the animal economy without the whole partaking of the benefit.

Many women, however, go on well in this way up to a certain point, and then begin to droop, while others fail at the outset. The fear of losing the milk, under these circumstances, often leads to the abuse of stimulants. The function is attempted to be forced by repeated supplies of fermented liquors ; beer, wine, and spirits are had recourse

to in increasing quantities, producing a temporary excitement and apparent power, which, without benefiting the child, only tend to the more perfect exhaustion of the mother. It is in these cases that mania is so likely to happen, and therefore it cannot be too strongly condemned as unnatural and unreasonable to expect that a large quantity of stimulus can accomplish that which the powers of the constitution are evidently unable to support.

The duration of nursing should have reference to the constitution of the mother, to her condition in relation to the length of time the function has been going on, and to the state of the infant. If the mother should early complain of any of the symptoms hereafter detailed, in spite of a good supply of plain nourishing food, and a moderate quantity of stimulants, and the symptoms should increase, her state ought to be carefully watched, and if partial weaning does not remedy the evil, the infant should be entirely removed; on the other hand, if many months of nursing have been endured, weaning must take place at once.

The symptoms which indicate that lactation is morbidly affecting the mother, are:—a sinking and faintness at the epigastrium, with a sense of emptiness, which lasts a long time, and soon returns even after food has been taken; a general weariness and fatigue; a want of refreshment from sleep, an aching and dragging in the loins, and pain between the blade-bones or in the side, beneath the left breast; distressing exhaustion after the infant has been at the breast; the pulse is quick and feeble; the extremities cold; there are dyspnoea and palpitation on making the least exertion, or ascending the stairs. If the cause is continued, headache and vertigo, noises in the ears, numbness of the extremities, impaired vision, exciting fears of amaurosis, loss of memory, irritability and despondency, with thirst, dryness of the tongue, and night perspirations ensue. Pulmonary con-



sumption may be developed; the general appearances of anæmia, menorrhagia, leucorrhœa, œdema of the face and extremities, and neuralgic affections of various kinds supervene, and mania has not unfrequently formed the sequel. Thus organic disease of the brain, lungs, and uterus, may be added to the evils attendant on undue lactation.

*Treatment.*—The consequences of undue lactation, must be met by remedies suitable to the symptoms that are found to prevail, which will differ according to the degree of impression made upon the constitution, and the period during which the function has been carried on. The first step, however, must be directed to the withdrawal of the cause, and nothing short of this will, in general, be of the least use. When it has been accomplished, some of the following remedies will prove of immense advantage, and tend to recover the patient much more speedily and satisfactorily, than any others.

*China* is one of the first remedies to which recourse may be had, when the agalactia<sup>1</sup> is significant of exhaustion; and especially if any accidental causes of debility have occurred, as hæmorrhage, leucorrhœa, &c.; or for palpitation of the heart; pain between the shoulders, and œdema.

*Calcareæ*,—when want of vital energy is apparent; or a scrofulous constitution; or previous chlorosis has existed; or leucorrhœa: it is suitable, too, for the hemicrania, weakness of memory, anxiety, and low spirits; incapability of reflection; impaired vision; or ulcerations which evidently depend upon deficient nutrition: the jactitation and nervous or epileptic seizures, which, at times, accompany this state; or the numbness of the extremities: threatenings of phthisis: inward fever, attended by thirst, dryness of the tongue, burning sensation of the hands and feet, loss of appetite, emaciation, etc.

*Causticum* may be given when the patient is irritable,

<sup>1</sup> Deficiency of milk.



easily vexed, or affected with inertia ; or vehement, and resolutely opinated ; if the memory is impaired ; or there is nervous and fearful anxiety, with despondency ; throbbing headache, with pulsations and noises in the ears ; threatened amaurosis ; great appetite, but a sense of emptiness soon after eating ; jerkings and twitchings in different parts of the body, with excessive leucorrhœa.

*Lycopodium* may be given under similar circumstances to those described under *Calcarea*, especially when there are symptoms threatening phthisis.

*Pulsatilla* is suitable, when the mucous membrane becomes affected by long-continued nursing ; or when the nervous system begins to be disturbed—the patient being harassed by distressing apprehensions, sleeplessness, and melancholy ;—cephalalgia ; affections of the mind, in mild, amiable dispositions ; general nervous irritation, and restlessness, morning languor, &c. ; the sleep being disturbed by anxious and frightful dreams ; affections of the eyelids, and dimness of sight ; leucorrhœa.

*Rhus* is more applicable, when the mind evinces symptoms of derangement, with thoughts of suicide ; or fits of anxiety and uneasiness, with dryness of the throat : or when great debility ensues, with thirst and dryness of the tongue ; or if dyspeptic symptoms indicate the failure of the gastric functions.

*Coffea* may be used in the earlier periods, to quiet the nervous excitability, and obviate the sleeplessness.

*Bryonia* will be useful, if symptoms of tubercular irritation manifest themselves, with chills, and free perspirations, and wasting of the flesh.

When symptoms of insanity threaten, the treatment recommended under *Puerperal mania* will be the most appropriate, from the similarity existing between the two conditions. If there is any hereditary tendency, the difficulty of management will be greater, and the prospect of recovery

more doubtful ; but permanent insanity is rare from this cause, although its return, after a subsequent accouchment, is not unfrequent, if nursing be again persisted in.

The important point will be, to distinguish the form of insanity which arises in the hyperæsthetic condition of the nervous system, induced by over-lactation, whether it be of the sub-inflammatory type, or the purely nervous derangement. In the former case, *Aconitum*, *Belladonna*, *Bryonia*, *Cupr.*, *Hyoscy.*, &c., will be indicated ; in the latter, *Aurum*, *Anacard.*, *Pulsatilla*, *Arsen.*, *Lachesis*, *China*, *Cicut.*, *Stramon.*, *Lyc.*, &c. &c.

Should the general debility influence the uterus, and hæmorrhage, with excessive leucorrhœa, occur, the remedies indicated under *Menorrhagia* and *Leucorrhœa* may be referred to.

Or if the sight be so impaired as that amaurosis is dreaded, from debility of the optic nerve, *China*, *Anacardium*, *Calcar.*, *Ignat.*, *Lycop.*, *Led.*, *Ruta*, *Secale*, &c. &c., may be referred to ; in this case, the general condition of the patient will be the best indication for the selection of the remedy.

When the lungs exhibit any symptoms of threatened disorganization or tubercular irritation, *Bryonia*, *Cham.*, *Carb. veg.*, *Arsenic*, *Calc.*, *China*, *Phosph.*, *Pulsat.*, *Hyoscy.*, *Iod.*, *Ipec.*, *Sulphur*, &c. &c., may be chosen from.

In epilepsy, or hysteria, or muscular jactitation, *super-vene*, *Belladonna*, *Ignat.*, *Nux vom.*, *Op.*, *Cham.*, *Cic.*, *Hyoscy.*, *China*, *Calc.*, *Lach.*, *Silic.*, *Cupr.*, *Caust.*, *Ars.*, *Stramon.*, and the other remedies pointed out under these respective diseases, must be compared with the state of the patient. When a deficiency of milk is first observed, benefit will be derived by administering the remedies which suit that condition, as *Assafæt.*, *Agnus cast.*, *Calc.*, *Caust.*, *Iod.*, *Chin.*, *Nux m.*, *Dulc.*, *Zinc.*, *Puls.*, *Rhus*, &c.

### PART III.

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## ORGANIC DISEASES OF THE WOMB, ETC.

HAVING treated of the disorders of menstruation, and other functional derangements of the uterus, at the commencement of this work, and subsequently of the pregnant and puerperal states, with their occasional and peculiar diseases, we shall proceed to consider some of those affections of the female organs, which wear a more serious aspect, and are accompanied by change of structure.

The interest which attaches to this part of the subject is not diminished by the circumstance that many of the diseases are of that destructive and uncontrollable character which defies the power of medicine. On the contrary, this well-known fact must stimulate our inquiries, and make us seize hold of every aid which mechanical or chemical, mineral or vegetable discovery may be able to afford us. In many of the diseases about to be referred to, some are the result of simple inflammation, and are amenable to treatment equally with the same conditions, when presented to observation in other parts; but in some there is combined a malignant or specific action, as it has been termed, which betokens a vice in the deeper recesses of the organism, which no remedy has yet been able to eradicate. It is owing to this inherent, and sometimes hereditary predisposition, that diseased action set up in an organ, as the uterus or ovary for example, assumes a character of malignancy; and all the efforts of medicine are utterly powerless to cure, what may be called the ex-

ternal disease, so long as the deeper-seated taint is beyond our reach.

It is true that cancerous ulcerations, scirrhus<sup>d</sup> infiltrations, or malignant growths have, happily, never been developed as the results of medicinal experiments upon healthy individuals; and therefore the practical or accidental provings of remedies, exhibit no distinct correspondence in their symptoms with these affections; but there are, nevertheless, many drugs, whose pathogenetic properties approach very nearly to the effects produced in the organism, by the latent poisons of cancer or scrofula, however ignorant we may be of their real essence.

The induration, ulceration, and sinking of the vital powers, which mark so inevitably the slow, though sure progress of malignant disease, are strikingly portrayed in the pathogeneses of *Arsenicum*, *Belladonna*, *Mercurius*, *Thuja*, *Iodium*, *Nitr. acid.*, *Aurum*, *Argent. nitric.*, *Conium*, *Carbo an.*, *Carb. veg.*, *Chamomilla*, *Silicea*, &c.; whilst the symptomatic indications are also exhibited in *China*, *Sepia*, *Lachesis*, *Calcar.*, *Staphysagria*, *Nux vom.*, *Hepar*, *Puls.*, *Arnica*, *Cannab.*, *Sulphur*, &c.

The objective symptoms are most characterised in the former, while the subjective seem more related to the latter.

With respect to *Arsenicum*, it has been observed that the putrefactive powers of this drug are shown in the bodies of those who have been poisoned by large doses of it; whilst the smaller doses have produced a process of transformation, by which the adipose tissue has been converted into a mass, resembling lard or cheese, and the substance of the muscular fibre been rendered papescent. This is not very dissimilar to the softening of cancerous indurations.

*Iodium* has been known to accelerate the metamorphosis of induration of the cervix into cancer, and one of its properties, is to cause the disappearance of the cellular and adipose tissue.

*Conium*, again, in its pathogenetic relations, is a type of the dyscrasia of cancer, as *Baryta*, *Calcarea*, and *Iodium* are of scrofula.

Thus it is not alone in the prominent symptoms that we find these remedies closely to correspond with the developments of malignant morbid action, but also with the deeper organic processes, which have their seat in the blood or nervous structure, and which produce also constitutional effects.

Whether simple inflammatory induration of the cervix uteri ever does degenerate into cancer, or is necessarily an incipient stage of that peculiar dyscrasia, and which is curable in that stage; or whether the true cancerous induration is always *ab origine* malignant and incurable, are questions still "sub judice,"—some of the most distinguished uterine pathologists holding to either of these opinions.

But, after all, the only hope we can have of eradicating the dyscrasia of cancer, or preventing its development, is by attacking it as a hereditary disease, and submitting the children of such as are so afflicted to a prophylactic treatment, persisted in through a number of years during the predominance of the formative processes. For this purpose I would advise all the children of a family in which cancer, under any form, has manifested itself, or any one child that may exhibit any special similitude to the parent so affected, to have administered to it, at distant intervals, *Thuja*, and *Carbo anim.*, of the 30th, or a higher attenuation. These might be given alternately, one or other, every three months, and by regarding it as an essential and paramount duty, a mother would readily exercise sufficient vigilance, supervision, and I should hope perseverance, to carry out such treatment with decision. It is, at least, the only probability which medical treatment can offer of escape from such a calamity.



## METHODS OF INVESTIGATION.

THE SPECULUM.—The aids to diagnosis afforded by the *Speculum* are considerable and invaluable. Uterine disease cannot be properly recognised and treated without it ; and although I am inclined to agree with those who think this useful instrument has been too frequently and needlessly had recourse to, I cannot lose sight of the fact, that many women go on suffering for years without being aware that any disease of the uterus exists. Scarcely a week passes without some women appearing among the patients at the London Homœopathic Hospital, whose complaints are directed to various symptoms of Dyspepsia, combined with headache, nervous affections, &c., and who, if it be incidentally extracted from them, that they suffer from leucorrhœa, with some slight symptoms referable to the uterine region, still persist in laying all their stress upon the sympathetic affections, and go on receiving partial relief, until some suspicions of more serious mischief in the womb, lead to a further examination of that organ, by means of the speculum, when the origin of all the symptoms is often proved to be in some morbid action, either inflammatory or ulcerative, about the os and cervix uteri, or in some displacement of the organ. The speculum alone enables us to ascertain the existence of simple erosion, which from its superficial character is not always to be detected by the touch ; the character of the ulceration, whether it be simple, herpetic, granular, phagædenic, or specific ; the exact quality of the discharge, and its *locale*, whether it issues from the cavity of the uterus, or the glands about the os, or whether it proceeds from the external part of the neck, and the vaginal lining. Any enlargement of the glands about the os and cervix, or small tumours, become also visible by the means of this instrument.

THE TOUCH may likewise assist us materially in deciding

upon the nature of the derangements going on in the body of the uterus, or its os and cervix, and may sometimes be all that is required. It informs us of the condition of the vagina and os, as to temperature and sensibility. By it alone we can often ascertain the existence of ulceration, any induration of the glands about the os and cervix, the hardness or softness of the os,—its closed or patulous state,—its smoothness or œdematous condition, if the circumference be even or fissured, whether any morbid growths, as polyp, or tubercles, are connected with, or issue from it,—its state of enlargement.

The touch may be practised “per vaginam aut rectum,” in order that the exact condition of the organs may be properly appreciated. By this means we may be better enabled to determine the existence of pregnancy or its absence, or the quality of other contents of the womb, its degree of enlargement, the state of prolapse or version, the bearing of the os, and the local influence of the organ upon the rectum or bladder; whether the uterus is fixed or movable. By the external application of the hand, the general volume of the organ is determined, its freedom from tumours of the parietes, or not, the sensibility which denotes inflammation, or hysteria, &c.

The influence of temperament has not escaped the writers upon cancerous diseases, and Dr. Ashwell remarks, that “out of thirty-three cases of Carcinoma uteri, which occurred among the patients at Guy’s Hospital, twenty-three were of a dark complexion.”

THE PECULIAR ASPECT of women affected with this disease has also attracted much attention; although the idea of any given disease expressing itself so legibly in the countenance has been much ridiculed, on account of the difficulty of describing it; nevertheless, every one familiar with that disease cannot fail to recognise in the features a particular expression beyond that of mere pain. It may be, that per-

petual suffering, or the gradual impairment of the powers of nutrition, and the consequent emaciation and anæmiated condition of the blood-vessels, or the sinking of the vital powers, may, singly or collectively, be reflected in the lineaments of the sufferer's countenance; but of this I feel certain, that no disease short of cancer affords so distinct a portraiture. There are certain symptoms which have no special indications from being common to various affections of the uterus, whilst there are others which have a particular bearing.

PAIN is one of the former; yet special kinds of pain are, to a certain extent, pathognomonic.

The pain which is the effect of enlargement, prolapsus, or other displacements of the uterus, is of a bearing down, aching, dragging, and pressive character,—is much aggravated by the upright position, especially standing,—extends to the groins and sacrum, and is relieved by the supine posture. That which attends on inflammation or ulceration is of a burning, sore nature, and accompanied by local heat.

The pain of scirrhus or carcinoma, is lancinating, intense, agonising, as well as dragging; it occurs at intervals, and is worse at night.

THE DISCHARGES indicate, more or less, the character of the morbid changes; the various degrees of leucorrhœa or menorrhagia may throw some light upon the kind of disease going on in the uterus.

If there should be a fetid, offensive discharge of blood and pus, or if a dark, sanious fluid pass off, with hæmorrhages, we may infer that malignant ulceration, either carcinomatous or fungoid, is present, especially if the discharge is acrid and excoriating.

When the discharge is of a white, creamy character, we may, as Sir C. Clarke accurately described, consider it pathognomonic of inflammation of the os and cervix uteri; but a

simple, or even puriform mucus, may be only an excess of the ordinary vaginal secretion.

Nevertheless, the discharges do not afford that definite indication of morbid action, which will allow us to use them as efficient guides to diagnosis.

EMACIATION commonly attends organic and malignant diseases of the womb, but does not take place to any extent, until the disease is so far advanced as to involve destruction of tissue.

When induration becomes softened, and the organs of digestion impaired, then the impoverished body begins to shrink, and the pale and haggard countenance is made apparent.

THE STETHOSCOPE.—The examination of the uterus by the *stethoscope* affords some assistance as to the existence of pregnancy in doubtful cases, as this state may co-exist with carcinomatous tumours of the uterus.

If the pulsations of the foetal heart, or the placental murmur, be distinguished, it will materially affect the treatment as well as the prognosis; since, in the case of such a complication, the indication of premature labour would be distinguishable, and the prognosis anything but favorable. But even under these unfavorable circumstances, pregnancy has not unfrequently been concluded with safety to the child, although in most cases, either from the unavoidable pressure on the tumours themselves, or lacerations of the neighbouring structures, in consequence of the unyielding nature of the diseased parts, the cancerous ulceration has been developed, and the fatal termination hastened.

In the early stages of uterine and ovarian disease, the sympathetic symptoms which are excited bear so close a resemblance to the accessory symptoms of pregnancy, that this is not unfrequently presumed to be the case without pausing to inquire further; but even retroversion of the uterus will sometimes induce similar accidental phenomena. In addition to the usual symptoms of pregnancy, *pain* at a



limited spot below the left mamma is more commonly attendant on diseases of the uterus, whether functional or organic.

The mode of treating engorgement, hypertrophy, and induration of the os and cervix uteri, by the actual cautery, as practised by M. Jobert, or by deep cauterisation by means of the Vienna paste, (a compound of caustic potash and quicklime,) as practised by M. Gendrin, and recommended by Dr. Bennett, is, besides being barbarous, so in harmony with the erroneous medical doctrines which have prevailed, and tends so much to perpetuate the error,—namely, that this or any other class of diseases can be considered as purely local affections, or are capable of being permanently cured by local treatment alone, the converse of which was so philosophically and powerfully advocated by Hahnemann, that the homœopathist cannot be too much on his guard against yielding to the specious arguments of those who advocate so harsh and unnecessary a practice, and endeavour to reconcile it with the homœopathic theory, instead of seeking, among the riches of the *materia medica*, for some other remedies whose pathogenetic effects are more closely analogous to the morbid conditions of the diseased organs.

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## INFLAMMATION OF THE VAGINA.

### SIMPLE, PUSTULAR, AND PAPULAR.

There is no practical utility in making separate observations on the varieties of inflammation attacking the mucous membrane of the vagina, or vulva. I have, therefore, thought it best to consider the whole under one head, pointing out, in the course of my remarks, the different expression which the diseases assume in relation to one another; and this not so much, because they do not differ in their strict pathological condition; but because the same remedies apply more



or less to the several conditions, and it will, therefore, obviate the necessity of useless repetition.

Simply inflammation may occur independently of pregnancy ; and, if early noticed and attended to, will resolve itself by the application of warm water and rest. It is marked by heat, redness, and swelling of the parts, and is accompanied by increased mucous secretion.

*Pustular*, or vesicular inflammation of the vulva, or eczema, is more frequently than not, symptomatic of pregnancy. It may be confined to the labia ; or may extend itself up the vagina, causing great pain and suffering, and intense irritation. There is a burning itching of the part, which nothing seems to allay ; and, on examination, pustulations are seen here and there, on the inside of the labia, or within the vagina, surrounded by a fiery, red circle, with superficial excoriations, and exuding a puriform ichor, of an irritating quality ; sometimes it has an aphthous appearance, like what is seen in the throat ; there is more or less swelling of the part, and micturition causes great suffering. It is usually a concomitant with derangement of the digestive organs.

*The papular* form is more common at the decline of menstruation, and is termed prurigo. It is generally dependent on an inflammatory condition of the blood at this period ; and the intense irritation it excites, often so occupies the mind of the patient, that it amounts to nymphomania. Its situation is more frequently upon the external parts ; but it also exists within the labia, and in the neighbourhood of the urethral orifice.

This pruriginous affection is often symptomatic of cancerous diseases of the uterus, or its appendages ; in which case, its removal can only take place in concert with relief to the graver malady.

These two forms are the most frequent and the most severe of the eruptions which attack the labia, vulva, and adjacent external organs.

But besides these may be more particularly mentioned :

1. "*Erythema*, which consists merely in diffused redness,—more superficial than that of *erysipelas*, but still connected with constitutional disturbance, either directly or indirectly as the consequence of some peculiarly acrid and irritating secretions, such as *leucorrhœa*.

2. *Herpes*, in which the "vesicles leave behind them superficial excoriations, which soon become covered with crusts," and underneath which fresh vesicles appear.

3. *Lichen*, characterised by papulæ occupying an erythematous base ; they cause an intolerable itching which increases towards evening or at night, and which, after scratching, is followed by excoriations that secrete a bloody serum, and then become covered with crusts. *Lichen* differs from *prurigo*, principally in its papillæ being somewhat smaller and in the voluptuous itching being less intense.

*Erysipelas* is considered as a distinct eruption ; but we regard it rather as an acute and exceedingly aggravated attack of some constitutional *psora*.

*Treatment*.—In the management of these sympathetic affections, great attention must be paid to diet,—inasmuch as they are frequently associated with disordered functions of the stomach ;—and to local ablutions,—the want of which is occasionally the sole cause ;—to rest, and the avoidance of local irritation of every kind.

The remedies indicated are :—

*Mercurius sol.* for simple inflammation and swelling of the vagina : this also relieves the eczematous condition of the mucous membrane, and consequently the burning itching ; it is equally applicable to the pruritus of the papular form.

*Nitri. acid.* may be usefully prescribed in the papular pruritus ; or in the excoriations of the vagina, or labia, which resemble ulcerations.

*Calcareo c.* is indicated in inflammation of the vaginal

lining, especially in strumous subjects, and in excessive pruritus. It may be prescribed with advantage after *Nit. ac.*

*Sepia* may be administered when there is burning and itching, with redness, swelling, and humid eruption, within the labia, symptomatic of uterine disease.

*Carbo veget.* is indicated in herpetic pruritus, without pain; and in the eczematous or aphthous condition of the pudendum with burning itching of the part; it corresponds also with disorder of the digestive organs.

*Conium* is indicated for the pruritus of the vagina, with discharge of white, acrid mucus, or if the irritation is symptomatic of uterine disease.

*Kali carb.* for the pruritus of the labia pudendi during the flow; with nausea and other dyspeptic symptoms, and premature menses.

*Lycopodium* for the itching and burning of the vagina, accompanied by dryness; and with abdominal flatulence.

*Natrum mur.* is in relation with the papular pruritus of the external organs, especially if at the menstrual decline, and attended with sadness, anxiety, and fainting.

*Silicea* when there is itching, with soreness and eruption about the thighs, with anguish and despair, at the decline of menstruation.

*Kreasotum* is applicable to the aphthous or inflammatory state of the vagina and external organs, when symptomatic of disease of the uterus, &c., at the climacteric period.

*Graphites* is indicated when there is pruritus from papular or pustular irritation of the pudendum, in association with disease of the uterus or ovaries.

*Sulphur* is useful in all the forms of troublesome itching of the pudendum, whether simple or accompanied by ulcerative vesicles.

*Ambra*, *Magn. c.*, *Phosphorus* and *Staphysagria* have also been used and recommended, at different times, with advantage.

We also occasionally meet with an inflammatory condition of the mucous glands of the vagina, as well as of the carunculæ myrtiformes. I have observed it, not only in connection with cancerous disease of the uterus, but with polypoid growths within the cavity of the organ. The mucous glands enlarge, have a knotty or warty character, are collected in little bunches, at times ulcerated, and under the aggravation of intercourse become inflamed and irritable, secreting a copious, thin, ichorous discharge, or an acrid leucorrhœa. The irritation caused by this state is excessive, almost maddening; there is burning heat with intolerable itching.

*Mercurius*, *Thuja*, internally as well as locally, and *Sepia* afford the greatest relief.

The following remedies may also be studied in connection with the symptoms of the before-named diseases, viz.—*Arnica*, *Agaricus*, *Arsenicum*, *Belladonna*, *Cannabis*, *Cantharis*, *China*, *Cocculus*, *Creasote*, *Digitalis*, *Dulcamara*, *Ferrum*, *Gratiola*, *Hyoscyamus*, *Ignatia*, *Iodium*, *Lachesis*, *Moschus*, *Nux vom.*, *Opium*, *Platina*, *Plumbum*, *Pulsatilla*, *Sabina*, *Stramonium*, *Thuja*, *Veratrum*, *Zinc.*"<sup>1</sup>

## CONGESTION OF THE WOMB.

This primary and frequent form of disease often exists for a considerable period unnoticed, on account of the little inconvenience it at first produces; and it is only when the inducing causes have been operating for some time, that the symptoms assume any prominence. As there is a periodical determination of blood, more or less, to the uterus and ovaries in the healthy state, it is easy to comprehend how, from an arrest or deficiency of the natural function, to which this is accessory, there should arise a torpor of the

<sup>1</sup> 'Guernsey's Homœopathy.'

circulating action in this organ, by which permanent distension of the coats of the blood-vessels is occasioned, and the frequent repetition of which, together with the continual absence of relief by the natural secretion, will give rise to a congestive enlargement of the organs. The same state of things will happen more frequently, where there exists a constitutional tendency to disease of the womb, producing an inherent weakened state of the vessels. In such cases the relief of the congestion is found to be only temporary; and the obstinate return of this morbid condition is expressive of the constitutional weakness with which the organ is affected.

On the other hand, both acute and chronic diseases of the womb are rendered more permanent and intractable by these repeated congestions, which frequently retard or preclude recovery.

*Symptoms.*—The uterus, in its normal state, gives no evidence of its anatomical position; but when any change occurs in its vascular or nervous tissues, its site is plainly indicated by various local and sympathetic symptoms.

In uterine congestion there is a sense of weight behind the pubes, and in the vagina, with dull pain, not aggravated by pressure, but sufficient to create a constant uneasiness, and sense of fulness; slight pressure at the neck of the bladder and anus; occasional hæmorrhages, especially after any of the exciting causes, or a tardy flow of the catamenia, which is also dark and thick.

When, as often happens, it occurs in women whose menstruation is natural and regular, the symptoms are relieved for the few days after the flow, while for a few days prior to the following period, there is an exacerbation, attended with leucorrhœa, and a feeling of greater weight and malaise. This state of congestion not unfrequently leads to chronic inflammation of the cervix, or to follicular inflammation of the os. In the former instance, it is accompanied



by the white, cream-like discharge peculiar to that affection, in the latter it is rather a yellowish or greenish leucorrhœa. It is also more frequently than not, attended by hæmorrhoids, which afford an additional indication of the state of the uterine vessels.

The general symptoms may be insignificant ; or there may be slight febrile attacks every now and then, marked by shivering, flushes of heat, headache, nausea, and despondency. The breasts are painful and swollen, and hysterical symptoms sometimes prevail. The appetite is also impaired, and a general languor and lassitude prevails, and the faint sinking at the pit of the stomach, with or without occasional cravings, or sense of emptiness, which so constantly attend on diseases of the uterus. This train of symptoms is most frequently found associated with displacements of the organ, or chronic engorgement, consequent upon metritis. At the critical period the symptoms are more active, there is more febrile movement in the system, and a greater disposition to hæmorrhage.

Examination, "per vaginam," affords indications of the uterus being distended irregularly ; the organ feels soft and buncy ; is voluminous, and somewhat tender to pressure. There is more or less prolapse, the cervix is dense, and where there has been pregnancy, or cervico-metritis, the os is patulous, as well as being doughy and uneven ; but there is no great increase of heat.

When examined by the speculum, the parts appear injected, shining, and purplish ; or the fine superficial veins tortuous and varicose, with small pustules or vesicles filled with mucus on the surface of the os uteri ; these form tender points when touched with the finger, and have an inflamed base.

When this state has persisted for any length of time, it is apt to pass into chronic inflammation and even ulceration of the os and cervix, upon exposure to any of the ordinary causes.

*The causes of congestion of the womb are such as produce an unusual determination of blood to the organ, which is not relieved by a corresponding secretion, either during or in the intervals of menstruation,—as excessive sexual excitement and indulgence, mental emotions, too much riding on horseback, fatigue in an erect posture, frequent abortion, congestions of the abdominal viscera, &c.*

The treatment of this disease must consist in enforcing the horizontal posture ; in the use of the cold sponge-bath every morning for about five minutes, and some of the following remedies, in accordance with the constitutional and local symptoms of the patient. It is often found to be a very troublesome disorder, owing to the fact which observation has confirmed, viz. :—that it is a condition premonitory of a tendency to serious organic disease, especially at the decline of menstruation.

The remedies whose pathogenetic powers recommend them as most suitable in this form of disease are :—

*Belladonna*, which corresponds to the symptoms of febrile chills and flushings, with headache, nausea, swelling of the breasts, pressure and fulness in the hypogastrium and prolapsus, with dull, painful drawing in the circumference of the pelvis ; pressure in the region of the uterus early in the morning (with distension of the abdomen), and subsequent oozing of white mucus from the vagina ; dull pressure in the region of the bladder ; weariness of the thighs and legs, with disposition to change their position constantly ; irregular or scanty menstruation ; despondency, and dejection of spirits.

*Sepia* is particularly indicated in venous congestions ; it may be given alternately with *Belladonna* ; where there is prolapse of the uterus and vagina ; when there is a feeling of fulness or stiffness in the region of the uterus ; a pressure in the passages, with colic ; or a sense of the necessity of crossing the legs to prevent a prolapse, this being followed

by an exudation of jelly-like secretion. *Sepia* is moreover frequently indispensable at the critical age, if there be swelling of the pudendum, weariness and weakness ; also, if there is a discharge of blood "post coitum ;" nausea and faintness upon every movement of the body ; violent heat and redness of the face after a walk ; hysterical spasms ; or if despondency and sadness prevail.

*Sulphur* is useful when there is venous engorgement of the liver and spleen, tenderness of the whole abdomen, chiefly of the left side, hæmorrhoids, and a bilious state. The catamenia being premature or too profuse, preceded by headache, and high coloured urine.

*Calcareæ* will be indicated where the patient has been subject to menstrual irregularities, generally in excess, or too frequent, in venous lymphatic subjects ; or in plethoric individuals who have suffered from amenorrhœa or dysmenorrhœa.

Where there is, in addition, sadness with apprehension on account of the person's health ; or in cases where the disease has seemed to result from frequent abortions ; where there are varices of the pudendum ; swelling and tenderness of the breasts ; pressure of the prolapsed uterus, with aching of the thighs, as after a long walk ; hysterical spasms, &c., and occasional hæmorrhage.

*China* is indicated by congestions of blood to the uterus, with sense of fulness, and painful pressing to the genital organs, particularly when walking ; by painless indurations of the neck of the uterus ; the patient is low-spirited, sad, and gloomy ; or in hysteric females, in whom a change of humour is always accompanied by a new, and frequently painful sensation in the uterus, when a troublesome feeling of fulness is experienced in the pudendum, and an anxious uneasiness through the whole body.

*Nux vomica* is in especial relation to the congestions of the uterus, with a varicose state of its veins, swelling of the os uteri, prolapsus of the uterus and vagina ; sickness with

abdominal spasms ; hypochondriasis, with great nervous irritation ; uterine congestions, arising from obstruction of the abdominal circulation and a varicose condition of the vessels ; when there is a sense of contraction in the hypogastrium, and a pressure towards the genital organs when walking in the open air ; aching pain in the region of the pubic bones ; hæmorrhoids.

*Pulsatilla* is indicated by—drawing, tensive or contractive pains in the uterus, with pressure on the rectum or bladder—abdominal spasms. The menstrual secretion is thick and black, and flows by fits and starts ; or is slow and ceases at night. When leucorrhœa, either thin or thick. Chilliness or paleness of face, oppression in the pit of the stomach, cardialgia, &c.

*Lachesis* is useful in uterine congestion, at all times, but especially at the critical period of life. It may be given when the menses are tardy, accompanied by pains in the back and abdomen, with bruised feelings in the hips ; downward-pressing pains ; leucorrhœa before the menses, which is greenish, or if the menses are too copious, when *Pulsatilla* and *Belladonna* have not relieved. It is likewise useful for the faint sinking at the epigastrium, and for general muscular relaxation with despondency.

*Platina* is characterised by melancholia ; anxiety ; hysteria ; lowness of spirits ; nervous debility ; pressure in the hypogastrium, with qualmishness ; painful pressing towards the genital organs : sometimes accompanied with desire for stool ; painful sensitiveness and continuous pressure in the region of the mons veneris, and in the genital organs, with internal chills and coldness, except in the face ; painless pressure in the lower part of the genital organs, with a relaxed feeling and stitches in the fore part of the head ; pressing in the hypogastrium, with ill humour and hæmorrhage.



## METRITIS.

## INFLAMMATION OF THE WOMB.

Inflammation of the womb is met with under two forms, viz.: the acute and the chronic. Acute metritis may happen as one of the morbid sequelæ of parturition, or at other periods independent of it, but the symptoms and treatment are much the same under both circumstances. Puerperal metritis usually attacks the patient during the first ten days after confinement.

The inflammation may be moderate and circumscribed, occupying the lining membrane of the uterus, or its substance, and is then less disposed to extend, the symptoms not being severe or alarming. This often happens when a patient has caught a cold just previous to the commencement of labour, the impressibility of the organ being then considerable. The symptoms, in this case, show themselves the day after delivery; the after-pains are found unusually acute; there are chilliness, febrile heat and thirst; the pulse being 90 or 100; headache; tenderness on pressure of the uterus through the abdominal parietes; pain on movement of the body; and, on turning over to the side, a feeling as of a large body falling over in the pelvis, causing pain; the lochia are scanty, or suppressed; pain is also excited on extending the lower limbs; there is painful micturition, and defæcation; the after-pains are increased on putting the child to the breast, and are aggravated if *Secale* c. be given.

*Aconitum* (tinct.), 3,—

one drop may be given every three hours in a dessertspoonful of water, and will generally be found sufficient to subdue this form in a few days.

But the inflammation may also attack the external surface of the uterus, involving the peritoneal covering, along which it extends over the abdomen. The symptoms here are



more intense, indicating acute inflammatory action, and the sensation of a weighty body falling from side to side is not so prominent. The pulse ranges about 100; there is pain in the lower belly increased by contact, which gradually increases in violence, subject to occasional aggravations when the after-pains recur; tension of the pubic region, pain in the back, shooting to one or both groins, with a sense of weight; a difficulty in voiding the urine, or complete suppression, or a distressing degree of strangury; heat in the vagina; suppression of the lochia, also of the milk. The constitutional symptoms are coeval with the local; the patient shivers, is sick, vomits bilious fluid at times, and has headache. The skin is dry and hot, the pulse quick; the tongue white, and dry, or red and fiery; the urine high-coloured and turbid; bowels obstinate, and there is a disposition to faint. The abdomen swells and is tense in proportion to the spread of the peritoneal inflammation. If the patient is speedily relieved, these symptoms gradually abate, the secretion of milk and the lochial discharge are restored, and she is soon recovered. Sometimes, however, the symptoms continue more or less acute, the pulse becoming smaller and more frequent, after having been full, and a throbbing pain exists in the uterine region; renewed shiverings and sleepless nights, with profuse perspirations, and hectic symptoms. In this state the disease either proves fatal or suppuration takes place. The latter may occur in the substance of the uterus, or between it and its peritoneal covering with the pelvis; or an abscess may form among the fibres of the abdominal muscles, as I have myself seen, outside the abdominal cavity, above the uterus; I need scarcely add that this, though a tedious, is a most satisfactory result.

Metritis, however, may occur in the unimpregnated uterus at any period of life. The symptoms are less severe, and the acute stage more transient, and more readily passing

into the chronic state; it more frequently happens about the period of the decline of the menses, and is more frequent in married than in single women. It is occasionally attended with the formation of matter. The history of the case, in connection with the local and general symptoms, as above detailed, will determine its existence, if carefully inquired into.

Metritis might be mistaken for inflammation of the bladder, but examination per vaginam will readily determine the question. The causes of metritis are, cold caught either just before or during the delivery; cold drinks given too soon after; exposure to a draught of air; rough management during labour; uterine hæmorrhage predisposes to an attack; as also do mechanical lesions of the uterus; sudden suppression of the lochia from any cause, or, of menstruation, from getting wet feet or from violent emotion; too stimulating diet soon after delivery; the exhibition of powerful drugs to procure abortion: it has also occurred not unfrequently from the use of *Secale cornutum* during delivery, under the old system of medicine. This is a fact illustrated by Dr. Lever.<sup>1</sup>

#### UTERINE PHLEBITIS.

UTERINE PHLEBITIS is a form of metritis which is difficult to describe by any set of symptoms peculiar to itself. Inflammation of the veins of the uterus may occur as a simple form of disease, but it seldom continues without the complication of disease of contiguous structures. It usually attacks the vessels exposed to the removal of the placenta, and may be confined to that side of the uterus, and extend to the fallopian tubes and ovaries, or it may occupy the veins of both sides of the organ, and be limited to their coats. In some instances it is extended to the iliac veins, or even to the vena cava itself; softening of the muscular

<sup>1</sup> 'Diseases of the Uterus.'

structure of the uterus, alterations in the condition of the veins, and the formation of pus, are the morbid consequences of uterine phlebitis. It is generally caused by difficulties during labour; cold air finding its way to the organs immediately after the separation of the placenta; the decomposition of a portion of adherent placenta, or of coagulum retained in the uterus, and the consequent contamination of the blood in the adjacent vessels; while its predisposing causes are the ordinary exhaustion and susceptibility attendant on the puerperal state, a varicose condition of the uterine vessels, with flooding and the depressing emotions.

The especial symptoms which may be said to belong to this disease, when it occurs as an idiopathic affection, are—rigors, with dull pain in the uterus, which is tender on pressure, and a sense of weight in the pelvis, acute pain just above Poupart's ligament: suppression, or great diminution of the lochia or milk; frequent pulse; uneasiness, with depression, nausea, vomitings, and headache. The skin becomes hot, the pulse soft and expanded, not contracted and hard, as in peritonitis; bilious vomitings occur; incoherency, or a tendency to delirium, a certain agitation, with extreme exhaustion, followed by drowsiness and insensibility. With these there are also dysuria, scanty or suppressed urine, irregular state of the bowels; and, as the disease advances, typhoid symptoms set in, with petechiæ, &c., evidencing all the conditions of a dangerous malady. When complicated with inflammation of the peritoneum, or of the lining membrane of the uterus itself, the symptoms of those conditions are so mixed up with those now described, that an accurate diagnosis, founded upon the several pathological phenomena, is most difficult. For this reason I may refer the reader for the treatment of uterine phlebitis to the remedies and their special indications pointed out for Metritis.

## TREATMENT OF METRITIS.

In the febrile stage *Aconitum* must be relied on to relieve the tension of the pulse, and the high degree of vascular excitement which exists. It may be given in the form above prescribed, and repeated every one or two hours, for the first twelve, especially if the attack was ushered in by violent chills, followed by excessive heat, with a full pulse and flushed face, beating headache, or a feeling as if the head was too full and would burst, and if it was caused by a fright or a chill.

*Nux vomica* may follow *Acon.*, and is considered by Hartmann as a most successful remedy. It is indicated by the following symptoms:—

Severe aching pains in the uterine region, aggravated by pressure or internal contact; violent pains in the loins; stinging and bruising pain of the abdomen during movement, cough, or sneezing; heat in the vagina, with swelling and tenderness of the os uteri; constipation or hard stools, attended with pain; pain in passing water, or retention: the symptoms are worse of a morning.

It may be exhibited in the same manner as *Acon.*, or at a higher attenuation, if the symptoms are moderated and recur less frequently.

*Belladonna* will be applicable when the metritis has been developed after a retention of the placenta, (*Arnica* is presumed to have been given immediately after the delivery,) with suppression of the lochia; or if the latter be of a fetid, ichorous nature, with a sense of heat and fulness in the vagina; dragging in the uterine region, often like a bearing down, as if the parts would force out; a sharp and burning pain above the os pubis, and a pain in the back as if it were broken; acute pains in the hip joints, rendering motion or contact intolerable. Hartmann says that *Aconite* and *China* may likewise prove serviceable for those symptoms.

This may be given at the same attenuation, &c., as *Nuxvomica*.

*Mercurius solubilis* has the greatest analogy to the preceding in this disease, and may be given after it with advantage, especially when the pain is of a lancinating, aching, or boring kind, and if there be chills and perspiration.

*Bryonia* may be indicated when the most acute febrile symptoms are subdued, and inflammation of the peritoneum exists, in the earlier or in the later stages of the disease, when absorption is required;—if there be anxiety about recovery, dread of the future, a turgid state of the breasts, headache, pain in the small of the back, sensation deep in the abdomen, as of a lump there, with heat, vomiting of bilious liquid, obstinate constipation; or if rheumatic symptoms coexist.

*Sepia*, burning sensations and shootings in the abdomen, especially of left side and sometimes extending into the thigh.

*Cantharis* is analogous to *Aconitum* and *Belladonna*, where there is much vascular erethism, with delirium, great sensitiveness of the abdominal parietes, dysuria, heat of the vagina, tendency to gangrene, &c.

*Rhus* is useful, when there is a disposition to assume a typhoid state; dry, brown tongue, tremulous tongue, nervous debility, physical depression, and general agitation, with petechiæ, &c.

*Hepar sulph.* may be useful in uterine phlebitis, when suppurative symptoms threaten, and there is headache, with bilious vomiting, dull pain in the pelvis, and chills with heats, &c.

*Chamomilla* will be indicated when the attack is the consequence of anger, with disposition to uterine hæmorrhage of dark and coagulated blood, or a simple increase of the lochial discharge.





over the region of the uterus, in facilitating the establishment of the cutaneous transpiration, is a means of which Homœopathy need not fear to avail itself ; since, in soothing local pain, it assists the tendency to healthy action, incited by the medicines internally administered.

Warm baths, so much advocated by some, in chronic or sub-acute metritis, are injurious, by the fatigue and debility which they cause to the patient.

The infant should be applied to the breast as soon as there is any milk, as the nursing causes a revulsive action, which is advantageous to the mother, and not hurtful to the child.

#### CHRONIC METRITIS.

CHRONIC METRITIS is sometimes a sequel of the acute form ; at others it arises as a slow and insidious disease, often bringing into operation malignant action ; for, although chronic inflammation cannot be said to originate cancer of the womb, it often accompanies its development, and forms the groundwork upon which the latter is established : during its course, moreover, fibrinous depositions take place, which are apt to mislead the inattentive or inexperienced practitioner. It is therefore of the highest importance to watch this disease closely, and patiently to persevere in the treatment from which we may hope for the most satisfactory results. When once the diagnosis is sufficiently clear, and the absence of malignant action determined, the patient must be encouraged in every possible way to continue in the treatment necessary for her restoration : tedious and protracted it must be, but, generally speaking, the prognosis under these circumstances may be favorable, especially if there be no evidence of hereditary taint.

The results of chronic inflammation are, hypertrophy, ulceration, suppuration, and indurated enlargement of the whole or part of the substance of the uterus, and especially of its neck.

The symptoms of chronic metritis are much of the same kind as those detailed under the acute form, though differing in degree: there are weight and pressure behind the pubes, uneasiness or dull pain in the region of the uterus, a sense of dragging and bearing down in the vagina; pain in the back; sometimes the pain in the pelvis is of a burning character; pressive pain on the bladder, urging to frequent micturition, or upon the rectum, urging to evacuation of the bowels, or laterally causing an aching in the groins; or there are darting pains through the uterus: occasionally hæmorrhage occurs, or a simple excess of mucus is observed to issue from the vagina, or a more viscid, opaque discharge; at other times a muco-purulent fluid is passed. Moderate and irregular febrile symptoms prevail; the bowels are irregular in their action, at one time diarrhœa, at another constipation prevails; tenesmus is often a troublesome symptom; nausea or vomiting occasionally occur. There is submammary pain, vertigo, faintness. After the continuance of these symptoms for some time the countenance becomes sallow, the appetite and health fail, emaciation occurs; the uterus, externally, is felt enlarged, firm, and with some degree of tenderness; if examined by the vagina it is found weighty and indurated, either at a circumscribed spot or in the body generally, which may be smooth or nodulated; or the os and cervix may be indurated and hypertrophied from fibrinous infiltration. Sometimes there is found a distinct, elevated state of the mucous follicles of the os and cervix, like millet seeds, filled with pus. The leucorrhœal discharge which accompanies inflammatory induration of the cervix has been described by Sir C. M. Clarke as like starch disseminated through water. The causes of chronic metritis are the same as those heretofore noticed; but it generally takes place in cachectic or strumous constitutions.

## TREATMENT OF CHRONIC METRITIS.

The TREATMENT must depend very much upon the varied symptoms, which may be found associated in the individual case.

*Aconitum* must be given, if marked febrile symptoms are present, which is very rare.

*Belladonna* is as useful in this as in the acute form, and takes the place of *Aconite*. A sense of heat or bearing down pain, and pain in the back indicating its use.

*Bryonia* is indicated, by pain and heat in the uterus, with general chilliness; painful and frequent micturition; metrorrhagia; diarrhœa and constipation alternating; indurations, &c.

*Cantharis* is useful in the different stages of acute or chronic metritis, when there are:—dysuria, or strangury; aching pains in the groins; distension above the pubes; tenderness; pressure of the rectum; qualmishness; swelling of the neck of the uterus, attended with burning in the bladder, pain in the abdomen, &c.

*Sepia* is one of the most useful remedies in this disease; it is suitable to the chronic indurated condition of the uterus, its cervix and os, whether simple or malignant. It corresponds with symptoms of bearing down, and pressure on the bladder and anus; purulent, or muco-purulent discharge; heat in the womb, with slight pain there and in the back.

*Kreasotum* is also a very useful agent in chronic indurations of the uterus, with fibrinous deposits, and with lancinating pains from the umbilicus through to the vagina; frequent chilliness; spasmodic pains in the rectum, with urging; and frequent, troublesome micturition, and menorrhagia.

*Arsenicum* may often be used with advantage, in the latter stages of the disease, when an aphthous condition of the mucous membrane exists, or a cachectic and low state of the system: depressed powers; feeble pulse; collapsed

features; cold surface, and a tendency to gangrene, with vesical and anal tenesmus; shooting or burning pain in the hypogastrium, &c.

*Iodium* is very analogous to *Arsenicum*; but is more especially suitable to strumous subjects: it is indicated by much the same symptoms, but should be used earlier in the disease, since it corresponds less with the depressed state of the vital powers.

*Hepar sulph.* is useful, when there is congestion, or chronic inflammation of the os and cervix, with or without ulceration, with burning pain, fetid discharge, the part readily bleeding when touched; yellow skin and complexion; weakness, hæmorrhage, &c.

*Secale* is beneficial in chronic, or sub-acute metritis, with burning pains, sense of bearing down, irritability of system, despondency, &c., and may be given in alternation with the following:—

*Carbo veget.* corresponds to crampy pains in the hypogastrium: aching, or pinching in the iliac region, with white leucorrhœa; aphthæ about the pudendum; heat and redness, with itching, the menses being dark, thick, and acrid; drawing pain from the pubes to the sacrum; languor, weariness, and physical depression towards noon, with faintness and hunger.

*China*, *Ignatia*, *Lachesis*, *Pulsat.*, *Platina*, and *Rhus*, have also been recommended in different stages of the complaint.

The Homœopathic practitioner, whether he be a believer in Hahnemann's theory of Psora or not, will find in the treatment of puerperal diseases the advantage of administering a dose of *Sulphur*, when the medicines which seem to be the best indicated by the symptoms, produce no sensible effect, or, at the most, imperfect results.

*Sulphur* is the most generally useful medicine in the course of this disease, and must be used in all dilutions



varying its application perpetually ; it may be given two or three times a day for a fortnight, after which an intercurrent may be given, and a return then be made to one or other dilution of sulphur. Great patience is requisite as the system must be kept under its influence, more or less, for a lengthened period, during which the engorgement of the liver which usually accompanies the disease and often precedes it, is subdued, and the varicose and tender state of the vessels of the womb and the attendant inflammatory infiltration are all connected, and the progress is found to be perpetually onward towards its cure.

*Ignatia* should be given during the period, or *Belladonna*. *Podophyllin* may be administered to regulate the bowels when required, and to relieve the head symptoms, or *Digitalis* when the heart is weak.

*Natrum muriatic.* in trituration is useful to unload the liver as well as *Mercur. Dulc.*

Another remedy has been recently proposed<sup>1</sup> as very effective in the treatment of these diseases, and is supposed to act through the spinal cord, upon the nervous fibrillæ which are distributed to the ultimate vasa vasorum of the organic tissues, in the line of the hepatic and uterine or ovarian organs.

It may be so, it is the usual way in which Homœopathic medicines act, and although there is no proving of *Sodæ Chlor.* as yet, I, for one, am not prepared to oppose the introduction of it as a tentative medicine from which much good may be expected. But it happens to be most active in the same direction in which *Sulphur* is, the difference being that the chlorine of the soda acting as a stimulant especially in the hepatic region as well as spinally, is more beneficial in languid constitutions with sallow complexions, while the *Sulphur* acts with greater energy in the venous and cachectic: they are almost of equal value.

<sup>1</sup> Dr. Cooper, 'Brit. Journ. of Hom.,' No. cxxvi.

## DISPLACEMENTS OF THE UTERUS.

The uterus, having some latitude of motion in its natural condition, is liable, from its actual as well as its relative position in respect to neighbouring parts, to an abnormal amount of descent and change in its bearing, from various causes. Some of these are inherent to its proper and peculiar functions ; while others are dependent on alteration of form or size, or on morbid growth, or relaxation of contiguous structures, or organs.

*The first class of causes* includes,—difficult labour ; hasty or unskilful extraction of the placenta ; too early getting up after delivery, or walking too soon ; frequent parturition ; dancing too much ; long walking, or ascending heights during menstruation ; congestion of the womb.

The most important of *the other causes* are,—a relaxed, or debilitated habit, straining, lifting heavy weights, relaxed vagina, the abuse of purgatives,—which act, I think, more by their relaxing effects upon the perineal muscles and fascia, the levator ani, and the pelvic fascia, than in any other way ; —ascites ; dropsy of the ovary ; chronic metritis ; local adventitious tumours in the neighbourhood of the uterus ; polypus ; a loaded rectum, or bladder ; stone in the bladder ; or it may be the result of a fall, or of any violent, physical exertion. Leucorrhœa may also, by diminishing the contractile power of the vagina, favour a descent ; but it is more commonly a consequence than a cause.

“The more immediate causes of Prolapsus include direct relaxation of the proper supports of the uterus, and the more remote include the incidental or constitutional influences which result in such relaxation.

“The peritoneum forms the great suspensory ligament or membrane common to the contents of the abdomen. This is the grand function of the peritoneum, to sustain in their proper places and in their proper relation to each other, the

various organs which are grouped together above, and, to some extent, within the pelvis. The peritoneum is the true uterine supporter, the other ligaments tending rather to steady the uterus in its upright or inclined position, than to prevent it from sinking down in the pelvic cavity. This membrane is reflected from the bladder upon the womb, in such a manner as to sustain it in front from its anterior surface, and it is so reflected from the uterus upon the rectum posteriorly as to sustain it in that direction from its posterior surface. Thus it is evident that the uterus can sink in the pelvis only so far as it is permitted by the relaxation of the peritoneum, its grand suspensory ligament, and this relaxation may be due to undue pressure from above ; to influences excited upon it from beneath ; or to its own inherent weakness from disease.

“Next to the peritoneum, the broad ligaments, which, in fact, are but processes of the peritoneum itself, are influential in supporting the womb.

“The inherent weakness of the peritoneum and broad ligaments, which seems one of the most prominent causes of falling of the womb, is usually such weakness only as corresponds to the debilitated tone of the rest of the system, and hence the slightest additional strain brought to bear upon the womb from above by exercise, or unusual exertion, once causing these supports to give way, their stretched and strained condition, continually borne upon more and more by the superincumbent organs, allows little opportunity for them to recover themselves. Consequently prolapsus uteri is rather apt to increase more and more, than to recover spontaneously.”<sup>1</sup>

FALLING OF THE WOMB is attended with a greater amount of suffering and inconvenience in women of the upper ranks of life, who have been brought up luxuriously, and thereby rendered delicate and susceptible, nervous and relaxed, than in those who are hard-working and laborious : although the

<sup>1</sup> Dr. Guernsey.

disease is more frequent in the latter. It is a common and well-observed fact, that uterine prolapsus often exists without that disturbance of the general health, which we should expect from the extensive sympathies of the organ itself. It occurs more often in married than single women ; but virgins are obnoxious to it from physical causes, and complete procidentia is not impossible even in them.

Three degrees of descent of the womb are recognised : viz., *relaxation*, where the slightest descent has happened ; *prolapsus*, where it exists to a greater extent ; *procidentia*, when there is protrusion through the external parts. A slight relaxation often exists a long time, without attention being called to it ; but the longer proper management is delayed, of course the greater does the evil become, and the more troublesome to treat.

Weariness, and aching in the back, hypogastrium, and groins, with indisposition to stand, and a sense of debility in those parts, may be all the patient complains of ; but as the relaxation increases, the symptoms become more pronounced and distressing. In addition to the pain in the back, groins, and behind the pubes, there is a sense of bearing down, and all these are much aggravated by walking ; leucorrhœal discharge, increased menstruation, and frequent micturition occur. In a more advanced stage there is strangury, or the urine is obstructed ; the latter, when the prolapse is complete. In young single women we often find it has the effect of confining them to the sofa for a long period, not knowing what is the matter, but feeling that they cannot stand, or go about as others do. Sometimes a fulness or tumour is felt in the orifice of the vagina, with a sensation as though the contents of the pelvis would fall through, which obliges the patient to sit down, or cross the legs as if to prevent the protrusion. A great sense of weakness is experienced. General symptoms, at times, attend this altered condition of the organ, which are more likely to attract the attention of the

practitioner, than the real complaint ; the patient is reduced to a state of great debility, and her health is undermined.

These consist of sympathetic affections, for the most part, which, in the mind of the patient, constitute the disease from which she is suffering. The nervous system is disturbed, general malaise and sleeplessness prevail ; there is a sense of soreness of the whole body, every fibre being sensitive ; irritability of temper, morbid sensibility of the organs of sense, headaches, dyspeptic symptoms, chilliness, vomiting, flatulence, constipation, dysury, &c., all of which are aggravated at every catamenial return, which often happens too frequently, and is, at times, attended with the passage of coagula. In married women, and when it takes place after delivery, a weight and uneasiness is felt at the pubes, and in the hypogastric region, with an irritation about the urethra and bladder, and sometimes a tenderness in the course of the urethra, and at the vulva ; a dull, dragging pain at the groins, and a sense as of something full and pressing when the patient stands or walks ; pain and aching in the thighs and back. The recumbent posture relieves these pains to some extent. On examination by touch, the uterus is felt to be lower than usual, the os resting against the rectum, or upon the perinæum, or reaching down to the outlet, obstructing the passage of the finger at once. In the less severe form of simple relaxation, the uterus may not have lost its central position ; but when it has descended so as to rest on the rectum or perinæum, it, of course, has ceased to project in the centre of the pelvic cavity, and the os is found more posteriorly placed than is natural ; on the other hand, in complete prolapsus, the os is carried down in the direction of the axis of the outlet, or forwards. Examination should be made in the upright posture, to give a correct idea of the extent of the prolapse. The vagina is more or less relaxed, and inverted.

In procidentia, the uterus is projected externally, with



the vagina completely inverted, and forming a tumour between the thighs. The intestines or bladder may be carried down at the same time, and form part of the tumour, giving it a sensation of elasticity. The procidentia is accompanied by the ordinary local symptoms of prolapsus uteri, and also with difficulty in voiding or retaining the urine, tenesmus, and pain in the tumour. After a long continuance of the extrusion, the lining membrane of the vagina becomes hard and dry, like the common integuments, ceasing to secrete; ulcerations are not unfrequent in this state, the existence of which causes great pain in sitting down, from the contact to which the surface is then subjected.

*Treatment.*—The first step is to replace the uterus *in situ*, which should be done in the recumbent posture, with the hips elevated, and the thighs bent upon the pelvis, by gentle pressure of the thumb and fingers at the upper part, while the body of the tumour is gradually urged upwards in the palm of the hand: this is generally effected with tolerable ease, although sometimes the return is prevented by the great swelling, or from the presence of inflammation in the organ. If this should be the case, it will be better to wait until, by the exhibition of suitable remedies, this condition shall be relieved. If the displacement be in the earlier stages, the uterus may be elevated by the pressure of two fingers upwards, and a small piece of sponge immediately applied to support it, which may be left in at first for twenty-four hours at a time, or longer, if it does not excite irritation.

In the more severe form of the disease, the uterus will not always remain in its place, after being returned. When this is the case, in addition to the sponge, or globular pessary, an abdominal support may be used; the box-wood pessary should be introduced some time after the reduction. Many years ago I cured a patient who had been afflicted

with procidentia for twenty-five years, entirely by the sponge pessary. There was ulceration of the protruded surface; and after applying the sponge, and keeping her lying down for some days, the sponge not yielding readily, was left in, where it continued for three weeks without the least inconvenience: it then came away, when the patient was relieving the bowels,—a fetid discharge followed for a few days, which soon stopped,—and she never had any return of the procidentia. Since then I have several times had recourse to the same process with success, adhesions forming between the ulcerated surface and the walls of the vagina, and affording good support to the uterus.

The sponge should always be as small as possible, to effect the desired object, because it necessarily swells as it imbibes the moisture from the vagina, and then, if large, it tends to dilate the channel, and induce a further descent. It may be removed, and pared down gradually, at intervals, as the cure advances.

The recumbent posture must then be preserved for a long period, to allow time for the parts to recover their natural tone and contractility. Procidentia, however, is frequently irreducible. Other hygienic rules must also be attended to, such as the avoidance of any compression of the abdomen by stays, riding on horseback, lifting anything heavy, and a properly regulated diet.<sup>1</sup>

The medical means best adapted to restore the parts to

<sup>1</sup> Although the pressure of the ordinary stays from above aggravates the symptoms of prolapsus uteri, great relief and assistance will be obtained by an abdominal support, which exerts a pressure upwards, above the pubes. An instrument made by Mrs. Hallum, of 24, Grove Place, Lisson Grove, having a metal spring pad, which is placed as much below the umbilicus as is possible, the ends of which compass the hips and fasten behind, having a strap underneath, effects the object of giving good support to the abdominal viscera, and thereby removing the pressure from the uterus more satisfactorily than anything else I have met with.

their natural condition, and to accomplish the recovery of the general health, are the daily use of a sitz-bath,—for 10, 20, or 30 minutes, according as it can be borne,—at first tepid, and afterwards cold; and the administration of some of the following medicines, from which the greatest benefit will be derived:—

*Aconitum* may be given for a few hours, if there be any inflammatory symptoms which interfere with the reduction.

*Belladonna* is indicated by pressure in the hypogastrium, as from a heavy load; frequent micturition; tenesmus of the rectum; dryness of the vagina; pressing early in the morning, as if all the contents of the abdomen would fall through, with abdominal distension; leucorrhœa; menorrhagia; cramp-like pain at the os coccygis; drawing pain in the whole circumference of the pelvis; heaviness of the thighs, &c.,—general weariness and debility; excessive sensibility and irritability of the organs of sense; spasms; pains aggravated by contact.

*Arnica* or *Rhus* may be given at first, if the prolapsus be the consequence of a fall, contusion, or strain.

*Calcarea* may be indicated by aching in the vagina; general relaxation of the muscular system, or of the vagina in particular; pain in the hypogastrium; weight and drawing in the groin; desire to urinate, especially when walking; dragging in the small of the back; weariness in the thighs; too frequent or too copious menstruation.—*Calcarea* does not agree where there is a tension of the muscular fibre generally, or diminished menstruation, and is suitable to nervous, weak, delicate, or excitable constitutions, as well as to the plethoric.

*Nux vomica* is a very useful remedy in prolapsus uteri; its chief indications are present when there is varicose congestion of the uterine vessels, which is alone a cause of the descent; and when there is prolapsus of the vagina as well; pressure towards the genital organs when walking; drawing

pain and aching in the back ; drawing pains from the abdomen to the thighs ; great weariness after motion ; inclination to lie down ; general muscular debility. In addition to its application to the local symptoms, *Nux v.* is adapted to many of the accompanying complaints ; to the symptoms of dyspepsia ; constipation ; flatulence, &c. ; to irritation in every part of the cerebro-spinal and ganglionic system of nerves ; hyper-æsthesia of the nerves of sense ; spasms, &c. It is most beneficial when the menses are too early and too profuse. If used for the congestion of the womb, it should be followed by *Sulphur*.

*Sepia* is also a medicine which may be given with great advantage, in alternation with the foregoing, when the prolapsus is attended with great irritability and disposition to faint, or depends upon leucorrhœa ; or when the menses are fitful in their appearance, occurring two or three days before the time, flow with interruption, and are attended with loss of appetite, loathing, nausea, obstinate constipation ; with bearing down after exercise, slight pain in the hypogastrium and back, and sometimes heat in the womb ; continual desire to urinate ; pressing in the uterus, as if the contents of the pelvis would fall through ; the patient being obliged to cross the legs, as it were, to prevent it. Sensation, as if the pudendum were enlarged ; drawing pains in the thighs, &c. *Sepia* is especially applicable to women of feeble and delicate frame with sensitive skin ; for nervous affections ; and in constitutions in which the muscular system is easily strained.

*Secale* has been successfully used in prolapsus. Its characteristic action on the uterus, in the prolonged bearing down and forcing pain in the hypogastrium, urging towards the genitals, is a sufficient indication for its use here. It should be administered in a low attenuation, when the patient is not too susceptible, and repeated once or twice daily for a long period, taking care to omit it, or to administer *Spir.*



*camph.*, if its primary symptoms become developed, especially the moral, which are manifested in great depression, lowness of spirits, thoughts of suicide, &c.

*Aurum* has been recommended in prolapsus, along with induration of the womb, and may be given when there is dejection of spirits ; melancholy ; quarrelsome disposition ; general sensitiveness of the body to pain ; heaviness in the abdomen, with icy-cold hands and feet ; pressure in the abdomen ; drawing pain at the pubes ; with some dyspeptic symptoms.

*Conium* may be given in course with *Platina* when there is great prolapsus or procidentia with induration.

*Platina* may be given when, with the prolapsus, there is menorrhagia, and pressing, labour-like pains from the groins to the genital organs ; pains in the small of the back, which penetrate to both groins ; bearing-down feeling in the vagina, and great sensitiveness of the uterus and vulva ; hysteria, with lowness of spirits.

All that large and important class of cases of prolapsus, which come on after confinement, either from too early sitting up or too early rising, can be prevented by observing suitable directions, or cured by appropriate Homœopathic medicines.

*Stannum* has been suggested as a remedy for prolapsus, no doubt in consequence of one of its pathogenetic effects being to produce prolapse of the vagina ; also pressing in the hypogastrium, as if the menses would appear ; excessive flow of the catamenia, preceded by dejection of spirits and anguish ; and when constipation and nervousness are present. *Kreasotum*, *Granatum*, *Mercurius*, and *Nux moschata*, have been used with more or less benefit against certain symptoms occurring during the existence of prolapsus uteri. When chronic metritis appears to be a cause, the remedies most suitable to relieve that state must be first applied, such as *Nux*, *Secale*, *Carb. veg.*, *Conium*, *Kreas.*, *Murex purpurea*,



*Belladonna*, &c. The same may be said of other concomitant or associated disorders.

*Sodæ chloratum* has also been extolled as a very effectual remedy for prolapsus, or congestion of the uterus, attended by a congestion of the hepatic region. The stimulating property of the *Chlorine* (as before mentioned) is very useful, and in some cases is superior to *Sulphur*, but not generally. Its effects upon the nervous twigs going to the uterus, ovaries and liver are very characteristic.

#### ANTIVERSION, ANTIFLEXION, RETROVERSION, AND RETROFLEXION OF THE UTERUS.

Antiversion, antiflexion, retroversion, retroflexion, and hernia of the uterus occasionally occur. The first four displacements have been said by eminent authorities to happen more frequently than is generally supposed; and the uterine sound has been invented by Dr. Simpson, of Edinburgh, for the purpose of diagnosing and rectifying the derangement. They frequently result from partial, circumscribed, chronic metritis affecting one or other of the walls of the uterus, or from congestive engorgement of these parts, in addition to the other causes, which have been described as productive of prolapsus uteri. But it has been observed by Dr. Simpson, that enlargement or hypertrophy is not necessary to retroversion, and that he has known it coexist with a natural, or even less than normal size of the organ. There can be no doubt that congestive engorgement of the womb generally is not an unfrequent cause of the latter; and Dr. Simpson has recently well shown the course taken in cases of retroflexion from the above cause, when the fundus uteri presses upon the rectum, producing an obstruction of feculent matter, which accumulating above the point of pressure, depresses the fundus still more; the thickened portion of the posterior wall, in consequence of its inelasticity, is thus squeezed into a projection just behind the os

uteri internum, and is felt by the finger in the vagina, immediately beyond the os and cervix uteri, which are in this case tilted forwards against the pubes, the tumour itself being apt to be mistaken for the fundus.

"The *Cervix uteri* is about one inch in length, and constricted at its point of union with the body of the uterus. At this point, which is also called the inferior angle, takes place the inflexion which results from change of position of the fundus and body of the womb. In these cases of ante-flexion, retroflexion, and lateroflexion, the body of the uterus forms nearly a right angle with the neck."

When anti- or retroversion takes place, the subjective symptoms differ very little from those of prolapsus; and it is only by an exact, internal examination, that it can be properly appreciated.

The toucher, or the proper application of the uterine sound, will indicate the direction which the uterus has taken. It can then be replaced by the same instrument; and if it be so engorged as readily to fall back into its abnormal position, the stem pessary of Dr. Simpson will preserve it *in situ* until, by medical treatment, such as I have described as applicable to congestion of the womb, it shall be restored to its healthy condition.

The stem pessary is, however, not sanctioned by experience; it has been condemned as an injurious or even dangerous instrument, and although I have in many cases certainly found it very useful, I have never known any dangers to attend it, by carefully selecting the cases. In one case it was worn for six months, and the os and cervix uteri being very lax, it was found to be drawn up and enveloped by the os, but produced no ill effects, only anxiety for its removal, so it was withdrawn.

Previous to this change from the morbid to the healthy state, the os uteri is very liable to ulceration, in consequence of the varicose state of its vessels; and if this be healed up

by the application of caustic, the relief is a very temporary expedient, as no permanent cure can be effected, until the organ has resumed its natural position and size, and the varicose state of the vessels has been cured : this is to be effected by the administration of the suitable homœopathic remedies.

The same series of constitutional derangements is evoked as when prolapsus exists ; general nervous irritation and local inflammatory or congestive conditions of the organ, accompany or follow the displacements, all of which have received that attention under their several heads, or in the last article, which the scope and extent of this work at present admits. As, therefore, the medicinal treatment of these is similar to that recorded under the head of prolapsus, chronic metritis, or congestion of the womb, I need not recapitulate ; but I will just remark, that I found very great benefit in a case of antiversion of some years' standing, from *Nux*, *Sepia*, *Belladonna*, and *Secale*, given alternately, at intervals, for some time.

The patient was a lady, 34 years of age, who had over-fatigued herself by dancing and walking at the time of the catamenia. She had been confined to the sofa for several years ; all the additional symptoms of disordered function of the nervous system, and all the organs of the body, made her life one of seclusion ; examination by touch disclosed the uterus lying across the pelvis, the fundus behind the pubes, and the os tilted against the posterior wall of the vagina. The organ was larger and firmer than is natural, from engorgement. The catamenia were in excess and too frequent, and the nervous sensibility highly exalted. The malposition was rectified, as far as could be, at the moment, and a small sponge tent introduced to support it. This she declined the use of, and would not allow of any further mechanical operations ; so the sound was not used. With the homœopathic remedies just named, however, she became so much better in a few months, that she went several miles

to a wedding with little inconvenience. *Coffea* was very useful in relieving the watchfulness, and a dose of *Calcareæ* cured the irregularity of the menstrual function.

The mechanical treatment of these accidents by the use of the uterine sound, &c., will be found fully detailed in recent works on that subject. I have only further to observe, that the constitutional symptoms seem to me to be more intense, the general distress and nervous irritation greater, in cases of retroversion and retroflexion, than in prolapsus; and, moreover, that inasmuch as inflammation of the os and cervix uteri is not, in all cases, the cause of these distressing constitutional symptoms, there is good reason for believing, in the absence of positive evidence, that the latter pathological condition is most commonly associated with them in the relation of effect, since chronic metritis and uterine engorgements, which are the most frequent causes of retroversion, &c., must necessarily be greatly aggravated by the malposition of the organ, and so induce that inflammatory condition of the os and cervix, which Dr. Bennett has considered as the "*fons et origo malis*."

I am likewise disposed to think, that wrong conclusions are not unfrequently drawn, in applying the sound for the purposes of diagnosis, &c. In the first place, it is not easy to pass the sound into the uterine cavity, especially in the virgin, or non-impregnated uterus. It is often altogether impossible; the sound may traverse the cervical canal, but becomes stopped by the coarctation existing at the os internum. In such cases, the sound, being turned, may have sufficient hold upon the organ to revert it, without its ever having entered the cavity of the uterus at all; but this can only occur if the uterus is of moderate size. Further, I believe that retroversion is frequently supposed to exist when there is only prolapsus, together with a voluminous engorged condition of the os and cervix, which falling down against the recto-vaginal septum, bulges in the wall of the

bowel, and diminishes its calibre. On making the examination per anum, the finger immediately comes in contact with this rounded tumour, which has all the sensation of the uterine body. If this occurs in connection with hysteralgia, the sufferings of the patient are very intense.

I have several times found this enlargement and bulging in the rectum so considerable, as to excite great doubts of the possibility of its being *only* the os and cervix; but by tracing the sound through the septum, and also noting the distance of the knob from the aperture of the os, the doubt has been set at rest.

Again, in pursuing this diagnosis, if the cervix uteri happens to be long, and open as far as the coarctation, described by Dr. Bennett as the result of cervico-metritis, the point of the sound may be felt through the rectum at the extremity of this tumour, by which it is presumed to be within the uterus. On then reversing the instrument, the tumour being moved round, escapes gradually from the finger, which is in the rectum, and the retroversion of the uterus is supposed to be reduced; whereas the os and cervix only have been turned away from the recto-vaginal septum into the central axis of the pelvis, and the uterus elevated by the process, again to fall, upon the patient resuming the upright position. This appears to me an important point for attention, as it is so easy to fall into the error of supposing that a tumour, bulging into the rectum, must be a retroverted uterus, and of then applying the sound repeatedly, and in reality uselessly, which I need scarcely urge is a manifest injury to the patient, and disappointment to the practitioner.

There are many internal supports or pessaries used by way of holding up the womb under the different versions or flexions, and in cases of prolapsus uteri, which are often very beneficial and enable the patient to walk about with a moderate degree of discomfort, and can be worn for six or twelve months, and by the time the disease is cured by the medicinal



treatment can be dispensed with. Such are Hodge's gutta-percha pessaries of various shapes, Simpson's pessaries, the air-ball pessaries, all of which effect their object in a satisfactory manner, and can be easily applied by any medical man.

*The Uterine Elevator, for Retroversion.*—This instrument has been introduced to the profession and strongly recommended by Dr. Guernsey, of Philadelphia, and I cannot do better than give his account of it as published by himself.<sup>1</sup>

The instrument, of which an accurate representation is given below, is composed of an ivory ball, a steel rod, and an ebony handle. The diameter of the ball is about five eighths of an inch; the rod, seven inches in length, and curved as in the cut, is firmly inserted into the ball at one extremity, and into the handle at the other. Originally designed by the writer and constructed for him, for use in retroflexion or retroversion of the uterus, this little instrument has been found capable of affording very valuable assistance in such cases.



The very unsatisfactory manner in which these displacements have generally been managed by physicians, has led the writer to adopt a new and very simple method of treatment, and to offer it to the profession in all such cases, when an operation or mechanical interference is necessary. And for the following reasons:

- 1st. It is less painful and less disagreeable to the patient.
- 2nd. It always insures a more perfect replacement of the organ, which, consequently, is less liable to relapse.
- 3rd. This plan will be found successful, when all others adopted by skilful and experienced physicians have failed.

<sup>1</sup> Guernsey, p. 116.

4th. This plan will succeed in cases in which it has hitherto been deemed necessary to produce abortion, in order to replace the retroverted uterus. In these identical cases replacement is readily effected by this method, and pregnancy continues until the full term of gestation.

As soon as a case of this form of displacement is clearly diagnosed, if the urine or *fæces* are retained, the usual means should be at once adopted for their evacuation. The patient should then be placed on the bed, near its edge, upon her knees and elbows, so that the force of gravity may assist in the reduction. The ball of the instrument, well lubricated, is to be brought to the anus, with the convex surface of the rod upwards, then gently pressed till within the sphincter; when the handle should be slightly elevated, so as to bring the ball against the anterior wall of the rectum. The instrument is now to be firmly and carefully pressed up the rectum, when the ball will elevate the fundus,—care being taken to raise the handle of the instrument more and more as progress up the rectum is made; and presently the uterus will regain its normal position immediately posterior to the symphysis pubis.

In cases of long standing,—and the writer has recently replaced one of fifteen, and another of thirty years' continuance,—the reduction is not so quickly or so easily effected. The ball, engaging and partially elevating the fundus, will slip over and pass above it. The instrument must then be sufficiently withdrawn to engage it again; and, if necessary, the operation should be repeated, until the work is proved to have been entirely completed by the instrument's meeting no obstruction as it is pressed with some degree of firmness against the anterior wall and so passed up the rectum.

After the reduction is effected, the patient should be kept in a recumbent position, for a longer or shorter time—from two to twelve days, according to the more or less recent nature of the case—that the womb may become accustomed to *its position*, such remedies being administered in the

mean time as may be indicated. The principal of these are *Nux*, *Belladonna*, *Sepia*, *Sulphur*, *Calc. carb.*, *Lycopodium*, *Calc. phos.*, *Kali carb.*, &c. We give, for each of these medicines, the principal indications; each symptom being a *key-note*, which may be found a reliable guide. These, and other remedies which may be indicated in particular complications of retroversion, may be found at the latter part of this chapter, arranged in alphabetical order, under the general head of *Uterine Displacements*.

A case of this kind occurred to me not very long ago, in which the want of the elevator was much felt. A lady was under my care for retroversion with a certain amount of inflammatory induration and ulceration. The ulcer soon healed, the inflammation was got rid of when she became pregnant, and when about three months were passed over retroversion happened. All the symptoms were intensified, and the interference with the urinary function was very troublesome. The retroversion caused a great drag upon the bladder, and arrested micturition. In attempting to draw off the urine the point of the gum-elastic catheter penetrated the meatus urinarius, but by tying it in its place the part healed up in a few days; it was necessary, however, to tilt up the bladder, by pressing up the womb firmly at the same time until complete evacuation took place night and morning. The end of it was that after this had been done several days, abortion came on and was completed in twenty hours. If I had then been aware of the elevator, it would have been easy to have pressed the uterus up *in situ* and so have relieved the drag upon the bladder.

An excellent paper on the subject of displacement has been recently published,<sup>1</sup> in which is very accurately described the various changes which take place in the uterine body under the different conditions, and shows how they correlate one with the other.

<sup>1</sup> 'British Journal of Homœopathy,' No. cxx.

The symptoms which mark the occurrence of antiversion are—pressure downwards, inability to walk, frequent desire to pass water from the bladder being unable to expand, leucorrhœa, irritability of the stomach, spinal neuralgia:—but this is an aggravated form which arises from the continued operation of causes, such as climbing, walking or dancing to excess, especially when the menses are present.

Retroversion is accompanied by much the same symptoms, in addition to which, however, there is constipation, more or less intense backache, often aching down the thighs, burning or not according to the amount of inflammation, congestion, and headache.

Ante- and retroflexion only occur when there is considerable descent of the organ, which favours the bent condition.

The author has well described the flexure as resembling a chemical glass retort.

The size of the fundus is decidedly enlarged under these circumstances, of course, in consequence of the impediment to the free circulation of blood; it gets impacted too in the hollow of the sacrum and is with difficulty moved out, and if inflammation be present is exquisitely painful. The state of subinvolution described by Dr. Simpson is a most common cause of retroflexion as of retroversion, and is the consequence of a strumous habit.

I will just quote from the paper a short résumé of Dr. Meadows' analysis of the proportion of cases in which these deviations occur in the married and single:

34	women suffering from retroflexion	.	{ 8 married. 26 single.
18	„ retroversion	.	{ 3 single. 15 married.
20	„ anteflexion	.	{ 1 single. 19 married.
12	„ anteversion	.	{ 2 single. 10 married.



"Sterility," he continues, "is frequently associated with displacement, which again is a great cause of abortion. About 50 per cent. of these women who become pregnant abort."

Ulceration takes place more frequently in connection with retroversion than retroflexion, and hence ovarian irritation supervenes from continuous pain.

In using the sound for diagnosis it is important to attend to the position of the fundus as indicating *retroversion* or *retroflexion*. If the latter, a difficulty will often occur in its passage at the flexure, which just requires the point of the finger pressed up against the fundus to straighten the canal, when it immediately enters, but in retroversion it is easy enough.

It is useless to be always introducing the sound, because it cannot do more than just revert the uterus for it again to fall as before, but in cases of flexure its introduction is more required, because it prevents the organ becoming impacted and fixed by inflammatory adhesions.

The medicines I have found most beneficial in these cases are—*Belladonna*, *Sulphur*, *Hepar.*, *Caulophyllum*, *Pulsatilla*, *Cimicifuga*, *Helonias*, *Bryonia*, *Mercurius viv.*, *Collinsonia*, *Senecio*, *Nux*, *Veratr. vir.*, *Secale*, *Sabina*.

For injections and local applications I have also used with great benefit *Hydrastis*, *Hamamelis*, and *Calendula*, as well as *Veratrum viride*. The last named is especially useful in inflammation of the serous membranes, as the peritoneal coverings. *Sulphur* is the great absorbent remedy. Its continuous use is necessary in all cases of inflammation and congestion, and especially in flexures and versions. There is always a varicose state of the vessels of the womb, especially in anti- and retroversion, and inflammatory action is set up, which causes tenderness and swelling, heat and pain. *Sulphur* is the best remedy for this state of things; it allays the inflammation of the veins, just as it does in the



legs and feet, reduces their calibre, and produces absorption of interstitial deposit.

Then *Belladonna*, and, when the ovary is involved in the inflammatory action, *Conium*.

One drachm of the *Tinct. veratr. vir.* to half a pint of water is the proper proportion for a lotion.

A small elastic spring support, worn above the pubis, is the most suitable thing to wear. It has little weight, and fastens with two small leather straps behind, and is not the least cumbersome. It takes the weight of the abdominal viscera off the womb and affords immense comfort.<sup>1</sup>

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### PROLAPSUS OF THE VAGINA

Is an occasional accompaniment of the prolapse of the uterus, and may occur after a hard and difficult labour, or in consequence of an accumulation of fæculent matter in the rectum, or a state of the bladder admitting of distension of that viscus, when there happens to be a relaxed condition of the pelvic fasciæ and levatores muscles. Elderly persons are sometimes subject to it. In general there is simply protrusion of the relaxed mucous membrane at its anterior or posterior wall; sometimes, however, a circular fold of the tube has descended, but this is an extremely rare occurrence, and is not easily accounted for. The protrusion has happened from dropsical or hernial descent between the rectum and vagina, but a manual examination will detect the character of the tumour. The ordinary form of prolapsus of the vaginal lining is productive of more inconvenience than distress; still, however, it is often attended by a sense of weight in the pelvis, a feeling of dragging at the umbilicus, with a sense of fulness and distension at the rectum. Walking soon induces fatigue, and dyspeptic symptoms

<sup>1</sup> Made by Mrs. Hallum, 24, Grove Place, Lisson Grove, W.

sometimes exist at the same time ; indeed a relaxed condition of the mucous membrane in general is a frequent result of chronic dyspepsia ; there is increased secretion from the lining membrane, the function of the bladder is more or less interfered with, and a necessity for support experienced at the part. At times, when the descent is chronic, the membrane becomes altered in its character, dry, and like the external cuticle, just as we observe in entire procidentia uteri. Ulcerations also occur on the mucous membrane.

*Treatment.*—When the displacement happens in young and relaxed constitutions, it is more easily remedied. The sitting bath may be used with advantage daily for 5, 10, or 15 minutes. If it has depended upon fæculent collections in the lower bowel, daily injections of cold water may be used, to prevent any accumulations, until its tone shall be restored by the proper remedies : or if the bladder have lost its contractility, the catheter must be frequently applied at first, in order to prevent the occurrence of distension ; and afterwards the patient must, by the natural efforts, prevent the accumulation of the urine. If all other means fail, an oval vaginal pessary, formed of caoutchouc, or a simple one, formed of a roll of linen, covered with oiled silk, must be had recourse to. It is necessary to prescribe the horizontal posture in all troublesome cases. The remedies applicable to the relief of prolapsus vaginæ are :—*Arnica*, *Mercurius*, *Nux vomica*, and *Kreasotum*.

*Arnica* is to be given at first, if any violent straining shall have preceded or been the cause of the prolapsus, or when there is no retention of urine.

*Mercurius* is useful when there is no prolapsus with feeble micturition, or irritation of the vaginal lining ; also in cases where ulceration has taken place on the exposed membrane.

*Nux vomica* is always serviceable, especially if connected with descent of the uterus ; or if dyspeptic symptoms prevail ; also when a burning pain attends the internal swelling of

the vagina ; or when there is pain of the pubic bones, and difficult micturition ; or an inactive rectum.

*Kreasotum* has been recommended by Hartmann in prolapsus of the vagina, I should suppose from its producing irritation and swelling of the vagina, with itching and urinary irritation.

*Sepia* is also indicated in prolapsus of the vagina as well as in that of the uterus.

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### SIMPLE INDURATION AND ULCERATION OF THE OS AND CERVIX UTERI.

INDURATION of the OS and CERVIX UTERI is the result of chronic inflammation of the deeper structures either of those parts alone, or, as is more generally the case, concomitant with inflammation of the entire organ. It may be detected by the touch, the part having a firm, unyielding, but smooth surface, instead of the unctuous and elastic feel which is presented in its normal condition, and differs from the hardness produced by malignant action in not being nodulated or apparently divided by septa.

There is usually some tenderness on pressing the finger against the part, and the vaginal discharge is creamy, or like starch diffused through water, as before mentioned. This complaint is not uncommon after matrimony, but is very rare in the young and single. Ulceration often accompanies or is induced upon an indurated condition of the os, and when this happens, it can scarcely ever be detected by the touch alone, and without the use of the speculum may continue to exist to the great discomfort and loss of health of the patient. The suffering, however, is often greatly disproportioned to the extent of the ulceration, a result supposed to depend, in a great measure, upon the extreme tolerance of pain possessed by some women. There

is generally a sense of heat in the vicinity of the os and upper part of the vagina, or referable to the hypogastrium; sometimes there is vaginitis, scalding micturition, great tenderness of the walls of the vagina, which are irritable under the introduction of the speculum; profuse or scanty, yellow, and perhaps acrimonious leucorrhœa, swelling of the vulva, and occasionally of the inguinal glands, pain in coitu, or when the uterus is pressed; pain in the back of an aching and dragging kind, referable to the sacrum, with pain sometimes in the hip or groins; or there may be darting pains through the womb, weight and bearing down on standing, tenesmus of the bowel as if piles were present; the menses may be regular, but the flow is generally gradual, and the discharge dark and thick. Headache, with faintness and sinking at the epigastrium, irritability of temper, indisposition to exertion, and impaired appetite, are amongst the attendant symptoms.

The headache is at one time neuralgic, at another biliary, and often exists a long time before its cause is discovered by an examination.

On examination by touch, there is usually found morbid heat about the os and cervix, the latter feeling less elastic, while the lips of the os are more tumid than is natural, and pressure causes pain. For some time before ulceration takes place there is a congested state of the organ, which produces considerable enlargement of the os, and the development of pustulations here and there upon the lips, which give to the touch the idea of a granular spot, very sensitive and painful. After a continuance of this state for a longer or shorter period, from some cause or other, a sudden exacerbation takes place, and the speculum discloses on one or both lips of the os a spot, generally very red and abraded, varying in size in different cases. This is termed erosion or abrasion by most authors; it is darker than the membrane around and very shallow, which is the reason of its not being perceptible

to the touch. The surface of the os is highly vascular, sometimes presenting fine tortuous vessels ramifying over it, and one or more of the pustulations before alluded to may be occasionally seen elevated upon it, and often remain unbroken for a considerable time.

The first stage of inflammatory ulceration of the os and cervix uteri is characterised by a florid patch, of a brighter hue than that of the surrounding mucous membrane, and studded, apparently, with many minute granules, which are probably produced by the hypertrophied state of the mucous follicles, their mouths being obstructed by the tumefaction of the membrane. The disc of diseased structure is thus elevated somewhat above the surface, and well defined in its circumference. It may occur on one lip of the os uteri, or form a circle around the aperture; and in either case, may extend to the margin, and enter the cervical canal, or be limited to a portion only of the os. The part is exceedingly tender to the touch, and the condition of the proximate surface is that of vascular congestion,—dusky red, or bright vermilion, shining, and giving rise to a thick, creamy mucosity.

If the disease continues, the raised portion soon becomes stripped of the epithelium—it falls off like a crust, the granular appearance is lost, and the spot is marked by a dark depression or erosion, more or less deep, which has a distinct edge. The ulceration may then extend, broader and deeper, until it covers the os or traverses the cervical canal.

If general and local means are adopted to restore the part to a healthy action, the depression becomes filled up, and minute granulations are soon visible, which gradually coalescing, the margin contracts and the part heals. This has been variously termed granular inflammation, erosion, follicular inflammation, inflammatory ulceration, &c. The latter term is, perhaps, the most appropriate; since it is the result of chronic congestion and inflammation.



If the disease progress, the appearance which is presented is what has been termed the *granular ulcer*, a name objected to by many. I believe it to be only an advanced stage of the simple superficial ulceration or erosion. The surface, instead of being smooth and dusky in its colour, is elevated and of a florid red, looking rough or composed of closely packed minute granulations, which are extremely painful, and often bleed when touched.

The ulceration sometimes extends over the os, is perhaps confined to one side, entering into the cervical canal, which is rendered patulous,—the lips of the os being tumid and everted, tender on pressure, and evidently the seat of chronic inflammation; the rest of the surface is red, smooth, and shining, with enlargement of follicles filled with mucus here and there. The ulceration may even extend along the cervical canal into the uterus itself, but this cannot be detected by the speculum. Sometimes ulceration occurs in small detached spots, so superficial that the touch cannot detect them; but when the speculum is used they are observed scattered over one lip of the indurated os, like small pin-hole ulcers. By degrees these coalesce and ultimately cover the lip, and destroy it. Such examples usually turn out to be connected with malignant induration of the os and cervix. They heal up very kindly under Homœopathic treatment, even though the induration remains for a time. Occasionally the os uteri is found to be fissured, or affected with rhagades; in which case the part is very tender, feels raw and uneven, and looks, when observed by means of the speculum, as if the epithelium had been stripped off, without any further loss of substance, the part appearing more red than the rest. It is sometimes connected with an anæmic condition of system.

The discharge which accompanies the several forms of this disease is purulent or ichorous, varies considerably in quantity, and is often attended by hæmorrhage; the quantity

of the leucorrhœal discharge would seem to depend upon the degree to which the inflammatory condition of the vagina exists; there is no fœtor if cleanliness be observed. It more frequently occurs at the period of the cessation of the menses.

A third form is the ulcer with soft granulations, which is more destructive, but would appear to be a variety of the former, and depends for its inveteracy upon some dyscrasia of the constitution, a scrofulous diathesis, or old metritis chronica.

The fourth form is the syphilitic. This is well marked by its dusky appearance and dirty coloured secretion. It is inflammatory in its origin, and slow in its progress, and requires special treatment.<sup>1</sup>

The causes of ulceration of the os and cervix uteri are cold, insufficient clothing, wet feet during menstruation, the improper use of astringent injections, painful intercourse, inflammation of the uterus, acute or chronic, delicacy of tissue in the individual, neglected leucorrhœa, &c.

*Treatment.*—*Belladonna* is indicated by a sense of fulness and pressure in the vagina, making it difficult for the patient to stand long, with pains in the hypogastrium and sacrum; frequent hæmorrhages from the uterus, nervousness, &c.

*Platina* is useful in induration of the womb, with cramp and stinging pains; if there is a burning sensation at the left side, and cutting pain in the hypogastrium; painful pressing towards the genital organs; menorrhagia with discharge of coagulated blood; with pressive labour-like pains in the small of the back, and extending to the thighs and groins.

*Bryonia* and *Ignatia* are useful for occasional symptoms of an inflammatory or spasmodic kind with metrorrhagia.

<sup>1</sup> A very good article has been written by Dr. J. Moore, on "Uterine and Ovarian Disease," in the cxix No. of the 'British Journal of Homœopathy.'

*Calendula* has been used with marked success, in induration of the uterus, by Dr. Schneider; it is likewise particularly serviceable, as a local application, when simple erosion exists, as well as in the more aggravated ulcerations, the constitutional state on which they depend being rectified at the same time.

*Sepia* is very serviceable in removing the chronic inflammatory condition which precedes or accompanies induration; or, if there be constant menorrhagia, with pain in the groins; or any prolapse of the uterus, with acrid leucorrhœa.

*Clematis* is a remedy specifically indicated in cancer of the breast.

*Sulphur* is here as well as in chronic metritis one of the most efficient means of controlling the inflammatory condition which precedes ulceration of the os and cervix uteri, and of accelerating the cure. It diminishes the tumefaction of the adjacent parts, unloads the vessels, and by regulating the circulation which has a relation with the hepatic system establishes a healthy condition in the hepatic-uterine vessels. It requires a continuous action.

*Lachesis* may be useful when ulceration of the os sets in at the critical age, with emaciation, &c., after the menses have ceased to flow;—also when syphilitic ulceration exists. It is likewise indicated by the faint sinking and cravings at the epigastrium, which so constantly accompany diseases of the uterus.

*Conium* acts generally upon the glandular organs of the female; and is especially useful when spasms of the uterus exist, with induration and vaginal itching; and if there be gastric symptoms, such as sour retchings, desire for various things, &c.

*Kreasotum* is in relation with the simple indurated state of the uterus or tubercular scirrhus, where there are stitches in the vagina from above, causing the patient to start, sensitiveness of the os to contact, causing pain; burning and

swelling of the internal and external labia; premature menses, with discharge of dark, lumpy blood, and sacral pains, succeeded by an ichorous, bloody discharge, with corrosive smarting; also if there are spasmodic pains in the rectum, extending to the groin; urging to urinate, turbid dark urine; lancinating pains in the rectum, &c. The menses intermit for hours or days, after which they return in a more fluid form, with severe colic.

*Arsenicum* is useful in every form of chronic uterine disease. If there be induration attended by continual discharge of an acrid mucus from the vagina, with burning; tenderness of the os; irritation of the bladder, with burning and dark urine; painful micturition, diarrhoea, with agony at every attempt either to relieve the bladder or rectum; laniations in the rectum; aphthous condition of the mouth and throat; unquenchable thirst; anguish in the chest, &c. The pains are aggravated towards midnight.

*Cocculus* may be given as an intermediate remedy if spasmodic contractions take place in the region of the uterus with nausea, sickness, &c., or for the faint-sinking at the pit of the stomach.

*Nux vomica* for constipation—occasionally.

*Lycopodium* is one of the most valuable medicines in non-malignant ulcerations of the os and cervix uteri. It speedily induces a change in the character of the ulcer, and removes the chronic inflammation which surrounds it. It is indicated—mostly in mild, melancholy, leuco-phlegmatic individuals—by burning in the vagina, painful intercourse, darting or gnawing pains in the uterine region, pruritus of the vulva, a feeling of illness before the menses, profuse leucorrhœa, dull headache and dyspeptic symptoms.

*Hepar s.* is also highly useful in the same form of the disease, especially in scrofulous subjects.

*Calcarea c.* will be found serviceable likewise in similar cases with the last.



*Chamomilla*, if menorrhagia of dark, coagulated blood should occur, with labour-like pains.

*Iodium* corresponds with induration, or ulceration of the os and neck of the uterus, preceding cancerous degeneration; profuse, long-flowing menorrhagia, unusually violent, with pains in the small of the back, and violent pressing in the hypogastrium towards the pudendum; emaciation and shrinking of the breasts, brownish-yellow complexion, languor, spasms, and disposition to faint; scrofulous diathesis.

*Graphites* has been prescribed by Dr. Wahle, of Rome, when there was heat and pain in the vagina; swelling of the lymphatic vessels and mucous glands; induration and tumescence of the os and cervix uteri; agglomerated tubercles on the side of the neck, which were painful: on rising up there was great weight deep in the abdomen, with increase of pain; debility and tremor of the lower extremities; increased suffering just before and after the menses; which occur every six weeks; the blood being black, lumpy, and offensive; sense of a heavy load in the abdomen, with violent lacerations in the uterus, extending down the thighs like an electric current; burning and lancinating pains; bad appetite; evacuations slow and attended with much straining; livid complexion; frequent chills; frequent and hard pulse; sad, anxious, and desperate mood.

*Thuja* is also recommended by Dr. Hartmann for the case of induration and rhagades of the os and cervix uteri, and in the cauliflower, readily-bleeding excrescences, which have a sharp and pungent smell; or in dry, warty excrescences, with severe stinging pain and burning during micturition.

*Nitric acid*. may be given when the patient complains of pressure in the abdomen, and pain in the small of the back; spasmodic pains as if the abdomen would burst; pressure outwards of the vagina; drawing in the hips and thighs; excessive debility, obliging the patient to lie down, and inability to talk; particularly when the symptoms are



complicated with mercurial poisoning, or syphilis, or ulceration, &c.

*Nitr. acid.* is the best remedy for all syphilitic degenerations, for rhagades and eruptions, pustulations, &c., the pus about the ulcer being dirty yellow. In ulceration it must be persistently used, in alternation with sulphur at long intervals.

*Sabina* may be useful for the heavy weight, the labour-like, contractive pain in the uterine and sacral regions, copious discharge of coagulated blood; the os uteri open.

*Mercurius* is given with advantage, occasionally, as an intermediate remedy in similar cases as *Acid. nitric.*; especially when there are—prolapsus of the vagina and inflammatory swelling, with heat, redness and soreness of the membrane, with or without herpetic ulcerations; with pains in the pelvic bones and femora.

*Staphysagria* is also an occasional remedy for the pains in the hips and thighs, with spasmodic pains in the pudendum and vagina; with stinging itching of the parts; the pains are more intense when sitting.

*Carbo veg.* relieves an intolerable, burning pain, deep in the pelvis, setting in at regular periods in the daytime, increasing gradually and then decreasing again: two or three doses are sufficient to remove it: or an aphthous state of the pudendum, with sanious, mucous discharge from the vagina; faint sinking sensation at the epigastrium at noon.

*Carbo animalis* is indicated by induration of the neck, with tearing pain across the ossa pubis, through the pudendum, to the anus; with thin watery leucorrhœa; burning during micturition; burning in the groins, with bearing down; flatulent distensions, or fungous hæmatodes.

*Kali carb.* may be useful when an acrid, offensive, altered condition of the menstrual blood exists, with chilliness and spasmodic pains in the hypogastrium.

*Secale* is useful in softening or decomposition of the uterus, with great depression of the vital power, in-

voluntary movements of the body or extremities, uterine spasms, &c.

*China* may be given for the debility that follows the exhausting hæmorrhages which sometimes occur.

*Aurum* is useful in chronic induration of the uterus, simple or malignant, with prolapsus and melancholia; with labour-like pains in the abdomen; especially in scrofulous or mercurialised individuals.

*Magnesia muriat.* is indicated in scirrhus induration of the uterus, amongst hysteric and spasmodic subjects; with abdominal spasm and violent bearing down upon the rectum and the genital organs, accompanied by lowness of spirits and ill humour; frightful cuttings in the abdomen suddenly; pressure on the rectum, with constipation.

*Cicuta* may be of use in cases analogous to those requiring *Iodium*, but although indicated by the cancerous diathesis, is not specifically so for cancer of the womb. The same observations are applicable to—

*Ammon. Carb.*, *Sodæ Chlor.*, *Silicea*, *Rhus*, *Phosphorus*, *Calcarea*, &c., which have been found useful under certain circumstances during the progress of uterine disease.

Ovarian irritation is often present at the same time; but usually it commences in the ulcerated spot of the os uteri, extending upwards, but it is important to diagnose if possible the original attack, as the remedies would naturally differ. Spinal irritation is also a troublesome and not infrequent accompaniment in single women.

I have been thus extensive in reference to the treatment of this class of diseases, on account of the frequently intractable nature of many whose malignant character is not perfectly distinct, but which, from peculiarity of constitution, assume the worst appearances.

In addition to the medical treatment pointed out for these diseases, the patient must be kept in the horizontal posture as much as possible, though not confined to bed; she must

have pure air, plain and wholesome diet, and avoid intercourse. The hip bath may be occasionally used. I have seen great benefit derived from the injection of a weak solution of *Thuja* two or three times a day, especially in the herpetic form of the disease ; and I would strongly recommend the use of *Calendula* as an injection, in ulceration of the os and cervix, of whatever kind. It affords great relief, and materially assists the production of healthy granulation. The strength of the solution may be about ten drops to two ounces of water. It will not succeed, however, without giving the constitutional remedy applicable to the case at the same time, for ulceration of the os uteri cannot be permanently cured if treated simply as a local affection.

In order to arrest hæmorrhage, to put an end to great local irritation, to diminish the sympathetic symptoms, it is necessary to apply the *Argentum nitric.* ; or, what I prefer, the *Potassa c. Calce*, or *Carbolated Glycerine*, according to the conditions of the case, once or twice a week, while the general medicinal treatment is going on.

#### CORRODING ULCER OF THE UTERUS.

The corroding or phagedenic Ulcer of the Uterus, first described by Dr. John Clark, is an exceedingly rare disease, and when it occurs, is so rapidly destructive and intractable that its fatality is considered to be as certain as that of cancer. It commences in the membrane covering the os, and gradually extends until almost the whole substance of the uterus is destroyed, and it sometimes invades the neighbouring parts. Its early stages are marked by hæmorrhages, heat in the region of the uterus, pain which is often agonising, and compared to a burning coal, fixed, and constant ; the discharge is copious, purulent, sanious, and fetid, alternating with hæmorrhage ; pain and weakness in the back, small but frequent pulse, sometimes swelling of the inguinal glands, and emaciation usually prevail. Examination by the speculum

brings into view the destructive ulceration :—an uneven, broken surface, granular, florid, with inflammatory redness and livid appearance of the adjacent parts of the uterus, without induration ; the uterus itself is mobile, which is not the case in cancer, from which it could not be distinguished but by the aid of the speculum.

“From simple ulceration of the cervix, this malignant form is distinguished by the excessive fœtor of its discharge, by the more intense character of the pain, and by the rapid extension of the ulcerative process. Corroding ulcer of the cervix, which may also extend to the fundus of the womb, slowly eats away the uterine walls, and in the allopathic practice is only hindered and delayed in its final and fatal termination. But in the homœopathic practice we possess the very important double advantage of being enabled at the same time to give remedies which shall promote the healing of the local difficulty, and improve instead of still further injuring the general health.”<sup>1</sup>

Constitutional symptoms attend upon this disease in the form of dyspepsia, irritative fever, constipation, or diarrhœa. This kind of ulceration has been supposed in some instances to have a syphilitic origin.

*Treatment.*—This disease has so successfully withstood the treatment of the old school of medicine, that it is very difficult to select any remedies which may afford a certain prospect of redeeming it from amongst the opprobria medicorum. Nevertheless, as it is not deemed malignant in the specific sense of the term, we may hope to obtain more favorable results in this as in other severe and acute diseases, which have been successfully treated by homœopathy. I will therefore point out, as far as possible, the treatment which is indicated in this acute form of ulceration. We have, then, in *Arsenicum* such a powerful auxiliary in other diseases and ulcerations of a destructive kind, and in phagedenic ulcera-

<sup>1</sup> Guernsey.

tion of other parts, which closely resembles this in its appearance, that without being too sanguine as to the results, we may safely choose that remedy in preference to any other. *Arsenicum* offers to us the following indications for its use in this fatal disease. First, its peculiar action upon the ganglionic system and its terminal branches, with consequent disposition to decomposition and gangrene, sudden sinking of the vital energies, and destructive ulceration of the organic tissues; inflammatory conditions terminating in mortification; cancerous or pseudo-cancerous dyscrasæ; its tendency to produce erysipelas ending in gangrene; varicose phagedenic ulcers; putrid ulcers with fetid, badly-coloured pus, or with thin, blackish, copious and fetid ichor, violent fever, burning pains, &c.; disorganised conditions of the uterus and ovaries, &c.

It would appear to be more especially indicated, in the disease before us, by melancholy and fits of anguish; pale, yellow or livid, or lead-coloured countenance; burning thirst; weakness of digestion; diarrhœa; violent burning sensation, not only in the sexual organs, but in the whole hypogastrium, when the pains are aggravated towards midnight, and, at the same time, sympathetic affection of the chest, in which the patient feels an indescribable anguish, which admits of no rest in any position; and this state is accompanied with unquenchable thirst; fever; burning during micturition; tenesmus and burning at the rectum; lancinations from the hypogastrium into the vagina; debility in the back; burning ulcers; putrid and mortifying ulcers; emaciation and general failure of strength; glandular swellings.

*Sulphur* affords many symptoms which indicate its use after *Arsenicum*.

*Secale cornutum*, although, on the whole, indicative of dry gangrene, might be serviceable in the present disease, under some circumstances.

*Lachesis*, *Iodium*, *Carb. an.*, *Ant. Cr.*, *Arg. nitric.*, *Mur.*



*ac.*, *Secale*, *Carbo vegetabilis*, and *Pulsatilla*, also offer symptoms analogous to those described in the disease.

“For sensation of coldness in the ulcers Dr. Guernsey recommends the following remedies :—*Bryonia*, *Arsenicum*, *Silicea*, *Mercurius*, *Rhus tox.*”

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### CARCINOMA, OR SCIRRHO-CANCER OF THE UTERUS.

This disease, which is sometimes hereditary, and almost always fatal, commences, generally, by induration of the neck of the uterus, which, in course of time, involves the neighbouring parts, depositing a malignant product, which ultimately ulcerates ; and the ulcerations evince a tendency to generate fungoid growths. These malignant deposits take the form, first, of small tubercles, which enlarge, agglomerate, and produce a nodulated condition of the parts.

Although occasionally occurring in the young,—and cases have been described so early as 20, or even 14,—the greatest number take place between the ages of 40 and 45.

“In the *peculiarity* of its *principal forms*, cancer differs remarkably from all other organic diseases. These forms are three in number,—the *scirrhus*, or hard cancer ; the *encephaloma*, encephaloid, medullary, or soft cancer ; and the *colloid*, or gelatinous cancer. The *scirrhus* seldom or never appears before puberty, is moderate in size, and slow in its development. The *encephaloid* variety is the one which most frequently appears in infancy ; it may occur in any part or tissue of the body ; sometimes attains an enormous bulk ; is the form which secondary cancerous deposits usually assume ; is liable to very dangerous hæmorrhage ; and when once ulcerated runs a very rapid course. The *colloid cancer*, itself firm and resisting, contains a peculiar jelly-like matter,—occurs only in adults,—most common in the abdominal cavity ; may grow rapidly and to an enormous size ; rarely

proceeds to ulceration ; and most commonly destroys life by encroaching upon some vital organ, and so permanently obstructing its functional action. The scirrhus form is the most frequently seen generally, and especially in the female breast and uterus, and is also the most difficult of cure. The encephaloid variety comes next in frequency.”<sup>1</sup>

Leucorrhœa, alone or combined with menorrhagia, is among the earliest symptoms ; aching of the back ; a sense of heaviness in the hypogastrium ; dull pain at the top of the thighs ; with bearing down ;—then, there occurs darting lancinating pain betwixt the pubes and sacrum, or, in the course of the vagina, with a sensation of glowing heat, more or less frequently experienced, and often attended with dysuria, and mucous deposition from the urine. Itchiness of the vulva, which is affected with a kind of flabby swelling, or with erysipelatous inflammation, is not uncommon ; there is pain in coitu ; dyspeptic symptoms prevail, such as flatulence, heartburn, sometimes vomiting, and sympathetic cutaneous eruptions. The general health soon suffers, the countenance becomes sallow, the pulse quickens, the strength declines, and the body wastes. A fetid, purulent, or bloody matter is sooner or later discharged, which indicates that the disease has proceeded to ulceration ; repeated hæmorrhages are now apt to take place, and hectic fever sets in. The pain is constant, acute, stabbing, subject to frequent aggravations, and the weakness increases. In the course of the disease, retention of urine frequently occurs, requiring the use of the catheter ; or incontinence of urine may take place, or the rectum suffers from the contiguous pressure, or ulceration, and bloody and fetid discharges pass. The thigh and leg swell, and become hard and tense. Pain, fever, want of rest, discharge, and loss of blood, ultimately exhaust the patient, and death terminates her sufferings.

At first, examination by the touch discloses the uterus

<sup>1</sup> Guernsey.

enlarged, the cervix apparently expanded, and the os uteri hard, open, irregular, more sensible to the touch; a little blood is often observed on the finger after examination; after this, the os uteri becomes turgid, with irregular projections, as if it contained small cysts, and soon it is felt to be ulcerated, excavations being formed, the sides of which are everted, so as to make the surface broader.

The cervix uteri is sometimes totally indurated, and considerably enlarged, before ulceration takes place; but, in other cases, the augmentation is often much greater after ulceration than before it. Sometimes a circumscribed induration is found embedded in the substance of the cervix, which is apparently healthy, although it does not long continue so. This may become as large as the fist, adhering to the pelvis, and causing immobility of the uterus, and pressing upon the bladder or rectum, thereby obstructing their functions.

The uterus itself is seldom inordinately enlarged, but occasionally it is so, and can then be felt above and behind the ossa pubis. The fallopian tubes and ovaria often participate in the disease.

"The remarkable *tendency to a fatal termination* can never be overlooked in the consideration of cancer."

"Scirrhus of the womb passes through two general stages, and thus may appear to the physician, on his first examination, under either of its two forms. These are, the primary forms of induration and the secondary form of ulceration.

"The *indurated, non-ulcerated cancer of the uterus* almost invariably attacks the cervix; but in some rare cases it is found primarily in the fundus or body of the uterus itself.

"The *ulcerated form of cancer of the uterus* is the progress of the former to ulceration,—indeed, its further development."

"The *medullary cancer*—known also as hæmatoid cancer, melanosis, encephaloid disease—is the most common, next to the scirrhus; this may appear in the womb, or in any

part of the system ; runs a very rapid course, but is more amenable to treatment than the scirrhus. It is composed, in great measure, of a soft white, pulpy substance, in colour and consistence very closely resembling that of the healthy brain, whence its name, encephaloid. The fungus hæmatodes bears the same relation to the medullary cancer that the open ulceration does to the scirrhus—it constitutes its secondary stage. When the medullary disease advances to ulceration, red, ragged, bleeding growths sprout rapidly from the open surface ;—hence their designation as fungus hæmatodes, bleeding fungi. The medullary cancer is far less liable to form adhesions with the contiguous parts than in the scirrhus.”

“The *colloid cancer* is much more rare than the encephaloid, and consists of a congeries of gelatinous cysts, generally of the size of a hazel nut containing serous fluid, and having an investing envelope of delicate structure, which binds the cysts into a connected mass. This form may exhibit the appearance of small portions of greenish-yellow transparent gum, or jelly, arranged in regular cells, hence it is sometimes denominated *alveolar cancer*.”

“The female breast is even more frequently than the womb the seat of cancerous disease. In this situation it is much more readily and much earlier detected ; and thus an opportunity is offered for administering the proper remedies at the very outset of the disease.

“The extreme, stony hardness of a suspected tumour in the mammæ, and the fact that it appears already adherent to the surrounding tissues, will greatly aid in deciding as to its malignant character. Some of these apparently scirrhus formations are developed in consequence of a blow upon the breast ; many of these, whether they might have finally resulted in open cancer or not, are readily cured and caused to disappear entirely by the exhibition of *conium*.”

*Treatment*.—Medicine, whether of one system or another,



affords very little consolation in this malignant disease. True cancer has always been considered incurable ; and, until the light of knowledge burns brighter than it does, even at the present time, we can only hope to palliate and soothe the symptoms of this painful malady. Homœopathy, however, frequently affords incalculable relief. It is, during its painful progress, of great importance to pay attention to any morbid conditions which may develop themselves at the decline of menstruation, which, if not subdued, materially expedite the cancerous development, when the dyscrasia exists, and the predisposition is strong.

The following remedies are applicable to different conditions, which present themselves in the course of the disease :—

*Aconitum* and *Nux vomica* for the cerebral or other congestions, in plethoric women.

*Belladonna*, *Hepar s.*, and *Sulphur*, *Aconitum* and *Coffea*, *Ignatia* and *Pulsatilla*, for many symptoms which show themselves in nervous persons. The last medicine is said by Rau to be a valuable palliative in cancer of the womb.

*Crocus* and *Carbo veget.*, if, with cerebral congestions, there is bleeding at the nose, &c.

*China* and *Kreasotum* for the menorrhagia, which often predisposes to Carcinoma.

*Coffea*, *Veratrum*, *Valeriana*, *Viola odor.*, *Acon.*, *Nitr. ac.*, *Sulphur*, and *Kali c.*, if the debility be purely nervous.

The remedies which are to be looked to for the purpose of confronting, if that be possible, or of exercising some mitigating influence over the constitutional and local disease itself, must be selected from those which are detailed in the foregoing pages, in the article on Simple and Phagedenic Ulceration of the Os and Cervix ; where will be found pointed out the various curative indications which the remedies supply, as well as the morbid states to which they are subservient. Of these, the most likely to avail in the



earlier, as well as in the more advanced stages, are, *Chamomilla*, *Belladonna*, *Platina*, *Kreasotum*, *Iodium*, *Arsenicum*, *Thuja*, *Graphites*, *Sabina*, *Secale*, *Carbo veget.*, *Carb. an.*, *Conium*, *Lachesis*, *Kali carb.*

In addition to these, great attention should be paid to cleanliness; a free circulation of pure air; the ordinary domestic and social comforts, so far as can be; cheerful companionship; nourishing diet; warmth of the surface; absence of contradiction, which irritates the sensitive minds of such patients; calmness and composure of mind; and the preserving of the horizontal posture.

The medicines which, according to Jahr, are most to be recommended, both from clinical experience, and in accordance with the pharmaco-dynamic analogies in the treatment of the cancerous degenerations, are as follow. They should be administered in the high potencies, and at long intervals.

1. *Arsen.*, *Con.*, *Graph.*, *Kreas.*, *Sil.*, *Sulph.*—2. *Bell.*, *Calc.*, *Carb. an.*, *Carb. veg.*, *Cic.*, *Hep.*, *Lach.*, *Sep.*, *Staph.*—3. *Aur.*, *Chin.*, *Clem.*, *Iod.*, *Lyc.*, *Merc.*, *Phosph.*, *Thuj.*—4. *Arn.*, *Cham.*, *Coloc.*, *Nitr. ac.*, *Nux v.*, *Puls.*—5. *Agn.*, *Cupr.*, *Dulc.*, *Kali*, *Magn. m.*, *Phosph. ac.*, *Rhus*, *Squill.*, *Sulph. ac.*, *Zinc.*

And, in particular :—

Against *scirrhus-cancer* :—1. *Bell.*, *Con.*, *Sep.*, *Sil.*—2. *Carb. an.*, *Carb. veg.*, *Phosph.*, *Staph.*, *Sulph.*—3. *Bry.*, *Cham.*, *Chin.*, *Graph.*, *Lyc.*, *Magn. m.*, *Puls.*, *Rhus.*—4. *Agn.*, *Arn.*, *Kali*, *Merc.*, *Natr.*, *Nitr. ac.*, *Squill.*, *Thuja.*

Against *encephaloid* tumours :—1. *Carb. an.*, *Phosph.*, *Thuj.*—2. *Bell.*, *Sil.*, *Sulph.*

Against *open cancer* :—1. *Ars.*, *Con.*, *Sil.*, *Sulph.*—2. *Aur.*, *Bell.*, *Calc.*, *Hep.*, *Lach.*, *Merc.*, *Nitr. ac.*, *Sep.*, *Staph.*, *Thuja*,—without excluding any other of the medicines above cited, if they should correspond to the symptoms.

## HARD TUMOURS OF THE UTERUS.

Tumours of a firm or cartilaginous hardness are sometimes found occupying different situations in the uterine walls. They vary from the size of a pea to that of a child's head, or even larger. They are sometimes situated on the abdominal or outer aspect of the organ, and are then closely invested by the peritoneum; or they arise from the internal surface immediately beneath the mucous membrane, and projecting towards the cavity of the uterus, obtain their covering from its lining membrane.

These tumours are generally considered of the carcinomatous growth; they are indolent in their nature, and do not materially interfere with the general health during the earlier stages, or even with the sensible condition of the uterus itself, unless some accidental cause should produce an activity in the disease, or in the contiguous structures, when inflammation, which may terminate in gangrene or abscess, is developed.

In the autumn of this year (1873) a single woman was admitted into the London Homœopathic Hospital with a fibrous tumour apparently within the uterus. It was of great size, and had just passed over the brim of the pelvis in front of the sacral projection, and had twisted down into its basin, filling it up and arresting the bowels. Nothing could be done with it; she got worse, and died the next day from strangulation of the tumour. Previous to her death the sound was passed into the cervical canal in front of the tumour, which had taken its rise in the left ovary as a solid fibrous mass, and at the last, in consequence of the twist it acquired in its descent, was intensely congested.

I once attended a lady, single, and about forty years of age, who, after some unusual exertion in walking, was attacked with hæmorrhage of an alarming nature. On examination, I found an enlarged uterus reaching to the

umbilicus, which externally felt of a stony hardness, and was studded over its entire surface with tumours of various sizes, giving to the organ a nodulated character; there was no projection to be felt in the vagina. After a slow convalescence from the exhausting effects of the hæmorrhage, she recovered sufficiently to follow her occupation of teaching, and was alive several years afterwards, when I last heard of her, having had no return of the hæmorrhage.

Menstruation is not necessarily arrested by these morbid growths, and pregnancy often occurs during their development; but this is frequently a very inopportune circumstance, for the afflux of blood to the uterus, which is coeval with pregnancy, is likely to excite morbid action in or about the tumours, and lead to adhesions or suppurations in them, or to softening of the uterine tissues about their origin. The consequence of this is highly dangerous as pregnancy advances. Under these circumstances, or where the size of the tumour is so great as to make it doubtful if a child can pass through the pelvis with safety to itself or to the mother, the proper course is to induce premature labour, but even in this case a bruising of the tumour may take place, which might lead to serious consequences. Uncontrollable hæmorrhage has been recorded as a result of the presence of these tumours. Nevertheless, the existence of these morbid deposits is not a bar to a safe and natural delivery, and they have been felt by Montgomery, Lever, and others, after labour; and with the exception of remaining rather tender for a few days, have not interfered with the convalescence, or prevented subsequent conception.

That these cancerous growths are incurable, or, if cured in one organ, are apt to be deposited in some other, and so ultimately to destroy life, has long been acknowledged.

Mr. Travers has recorded that the solution of *Chloride of lime* effected the absorption of a large tumour, in the course of some months, regarded by competent authorities as scir-

rhus, in a lady whose other breast had been extirpated for that disease. Not long afterwards she died of asthma from diseased lungs, the scirrhus tubercle appearing not only in the chest, but in several of the abdominal viscera.

Although the curability of such a disease may be reckoned impossible, even in our present advanced state of therapeutical knowledge, it is yet most advisable to sustain the hopes of our patient under such trying circumstances; for the extreme depression which would naturally and inevitably attend upon the abrupt announcement to a patient that she had cancer, would instantly plunge her into a more dangerous condition, and probably hasten the termination, which, by judicious means, it may yet be possible to protract.

It is a singular fact that the only treatment which has been used by allopathic practitioners, with the effect of palliating this form of disease, has been the administration of remedies which have a remarkable homœopathicity. In all the works on the *Materia Medica Pura*, those remedies are considered as the most safe and satisfactory; they are, *Calcarea*, *Conium*, *Mercurius*, *Iodium*, *Aurum*, *Arsenicum*, *Belladonna*, *Sepia*, *Lachesis*, *Carbo*, *an. et veget.*, *Clemat.*, *Magn. m.*, *Silicea*, *Staphysagria*, *Sulphur*, or, as traced out by Jahr—

1. *Bell.*, *Con.*, *Sep.*, *Sil.*—2. *Carb. an.*, *Carb. veg.*, *Phosp.*, *Staph.*, *Sulph.*—3. *Bryon.*, *Cham.*, *Chin.*, *Graph.*, *Lyc.*, *Mag. m.*, *Puls.*, *Rhus.*—4. *Agn.*, *Arn.*, *Kali*, *Merc.*, *Natr.*, *Nitr. ac.*, *Scill.*, *Thuja*.

#### MOLES OF THE UTERUS.

The term mole has been indifferently applied to substances formed within the cavity of the uterus, which have some connection with its lining membrane, and ultimately become expelled by the contractions of the organ, which are, after a time, excited by their presence. The expulsion of these is attended by pain, as of labour, and hæmorrhage.

Their structure is various, and their mode of formation very obscure. They are sometimes the product of conception or they may occur irrespective of pregnancy, and even in virgins, although the latter is a rare circumstance; but in this case they are apparently composed originally of a fibrinous clot, such as often accompanies dysmenorrhœa, condensed and covered by lymph, the product of inflammation; this, again, may become more or less organized, giving to the mass a fleshy appearance. Others contain some membranous formation, indicating an attempt at conception which had failed, and hence called a false conception, or they may consist of portions of an embryo which has been early blighted, leaving a mass of irregular form, condensed and solidified by the adventitious covering of lymph. There is also what has been termed the hydatid mole, although this is usually described as a separate disease. It consists of grape-like vesicles, containing a clear fluid, which adhere in bunches by narrow stalks or processes, one to another, varying in size, and forming altogether sometimes a large mass, having a central, solid support, around which the hydatid vesicles are clustered. Their formation appears to consist of a generation of cells *in* the ovary, and which find their way into the uterus through the fallopian tubes and go on aggregating to a great extent, and floating in water which fills the separate cells.

They are at times coexistent with conception, and attached to the decidua by small vessels, or they may be connected with a retained portion of placenta; but when they occur independently of this, they grow from an adventitious membrane—a sort of spurious decidua, through which they are in connection with the uterine vessels. When they continue within the uterus for the space of three or four months they grow rapidly, and enlarge the uterus to such an extent as to induce symptoms resembling pregnancy; but there is a flaccidity of the abdomen instead of the firm



resistance offered by a fœtus in utero, and the abdominal enlargement is abnormally rapid. They seldom remain longer than a few months, and their expulsion takes place spontaneously, accompanied by hæmorrhage.

The presence of hydatids may sometimes be certified by the use of the speculum. In a case that recently came under my observation some slight uterine symptoms, or bearing-down pain, weight behind the pubes, with great enlargement and varicose state of the veins of the leg and thigh first attracted attention. The patient was married, but had never been pregnant. Upon examination I found a considerable distension of the uterus behind the pubes, and a fleshy substance protruding through the os. The speculum showed it to be a bunch of four or five red, flesh-coloured vesicles, like so many large, flattened currants, attached by slender pedicles, and coming through the centre of the os; on removing one, a little sanguineous discharge escaped, and what remained of it was only a shrivelled vesicle. Slight coloured discharge went on for a week. No hæmorrhage had previously occurred. The catamenia were regular, and when I next examined the patient the entire bunch had disappeared; but the enlargement of the womb continues, and now and then similar portions find their way, with some pain in the back, through the os, and come away.

Although these several varieties of moles are pathologically different in their organization, still, as their presence is rarely to be diagnosed by any certain subjective symptoms, it accords with the limits of this volume, and serves equally for all practical purposes, to consider them under one head, for the reason, likewise, that their existence is often first made known by their efforts at expulsion, and by the hæmorrhage which attends these efforts.

That form of mole which is called a false conception deserves more especial notice here, inasmuch as its cause and nature are more clearly defined. It is a degeneration of

the ovum, either from an early blight of the embryo, or from a morbid development of the placenta, or from disorganization and retention of the embryo itself.

As stated above, this degeneration of the ovum can only be suspected, but offers no characteristic indication of its presence before expulsion, consequently medicinal aid cannot effect anything before this occurrence. The practitioner's attention should, therefore, be directed to the relief of the sufferings experienced by the patient.

Any attempt to excite its expulsion, before the uterus has given evidence of its necessity by some natural efforts, would be to expose the patient to the risk of hæmorrhages, or other accidents, without, perhaps, attaining the end. When its continued existence within the uterus becomes incompatible, the natural irritability of the organ causes it to contract upon its contents, and expulsion takes place with pains like those of an ordinary labour. If that expulsion takes place slowly, and is accompanied by hæmorrhage, we can assist the uterine efforts by the administration of—

*Pulsatilla* (tinct.),

one drop being mixed in four table-spoonfuls of water, and a teaspoonful of this mixture given every five minutes.

Or *Secale* may be given in the same way. The expulsion of the mole is commonly followed by considerable hæmorrhage; knowing this, it is, therefore, prudent not to await its entire expulsion before administering the medicines above mentioned, in order to prevent the evil. If the patient is low-spirited, apprehensive about her condition, and of a timid disposition, *Pulsatilla* may be preferred; if she is very pale and weak, and shows a disposition to cramps and convulsions, *Secale* had better be given.

If Homœopathy is at all useful in this disease, it is in preventing its formation by medicines adapted to the occasional or predisposing causes, which are liable to determine

it, such as falls or any other mechanical lesion ; moral emotions, such as sudden fright, anger, &c., during the first days of conception. The remedies applicable under such circumstances are those which appertain to the several moral emotions, or mechanical accidents, as :—

*Arnica* or *Rhus* for the latter ;—

*Aconitum*, *Bellad.*, *Chamomilla*, *Hyoscy.*, *Ignatia*, *Coffea*, *Calc. Car.*, *Sulphur*, *Grap.*, *Lycop.*, *Sepia*, *Coloc.*, *Op.*, *Platina*, *Staph.*, &c., for the former.

*Cantharis* may also be useful.

If the patient has, in former pregnancies, exhibited a disposition to similar abnormities, *Calcarea* and *Silicea* should be given alternately every twelve days. This has been highly recommended ; and if she be subject to profuse menstruation, the former will be especially serviceable.

## POLYPUS UTERI.

Polypus of the uterus, although not an uncommon disease, is more rare than cancer or ulceration, and is found to occur most frequently between the ages of 30 and 40, and oftener among single than married women,—according to Dr. Ashwell, in the proportion of two to one.

Polypus is a tumour which grows by one stem,—but not often by many stems, as its name implies,—from some part of the uterus, and is of variable size, shape, and composition. From its being unaccompanied by any distinct pathognomonic pain, and attended by occasional hæmorrhage, it is often treated as simple menorrhagia, until gradual exhaustion and even death has ensued without the disease being diagnosed or suspected. The importance, therefore, of instituting an examination, per vaginam, whenever hæmorrhage is found inordinately to recur, cannot be too much insisted on ; and this investigation should be repeated at intervals if the symptoms continue, although no polypus be detected at first,

because it often happens that the growth remains shut up in the cavity of the uterus for a considerable time, but sooner or later finds its way through the os, and comes within reach of the finger. Occasionally, even a small polypus may be extruded from the cavity of the uterus, after long and repeated hæmorrhages, which again recedes, and so gets out of view, when the os is rather patulous.

Polypi are divided into five varieties :—

1st. *Vesicular* polypi, composed of a soft, homogeneous tissue, and containing a fluid which escapes when the polypus is cut.

2dly. *Sarcomatous* polypi, which are not limited to the uterus, and extend to parts contiguous to the mucous tissue, and also to the bones and cartilages. These often ulcerate and suppurate.

3dly. *Granular* polypi, known by the name of cauliflower excrescence, and which occur in the form of whitish, yellow, or red granular tumours, and evince a great disposition to degenerate into cancer, or are cancerous in their origin.

4thly. *Fungous* polypi, which occupy the mucous membrane exclusively, and resemble somewhat the ulcerated sarcomatous polypi.

5thly. *Fibrous* polypi, formed by hypertrophy of the fibrous or aponeurotic tissue.

“Polypus of the uterus,” says Dr. Gooch, “is commonly a round insensible tumour growing by a stalk from its fundus, cervix or lip, in its inner structure like a fleshy tubercle, on its outside covered by a mucous membrane of pale flesh-colour, streaked with veins, and occasioning frequent hæmorrhages. When discovered, by its presence in the vagina, it is round, smooth, firm, and insensible; it is quite unattached to its sides, so that the finger can be pressed round between the walls of the vagina and the surface of the tumour; but if traced higher up, it is found to terminate in a narrower part or stalk. This stalk is differently



attached in different cases ; in some, it passes through the orifice of the uterus into its cavity, and is inserted into the fundus ; in some again, it enters into the channel of the neck, to one side of which it is connected ; in others it does not enter the orifice, but is attached to a part of its edge or lip ; hence a distinction of polypus of the fundus, polypus of the neck, and polypus of the orifice." These remarks apply chiefly to the fibrous polypi.

Thus polypi differ in their texture and consistency ; some being hard, firm, fibrinous or cartilaginous ; whilst others are soft, glandular, vesicular, mucous or cellular ; some, moreover, although fleshy, are at the same time hollow, possessing cavities which may contain cerebriform matter, fungous substance, blood, glairy or fatty matter alone or mixed with hair.

Polypi take their rise either in the fibrous structure, or in the sub-mucous tissue of the uterus, and are covered by the mucous membrane lining the womb, which is elongated for that purpose. They are mostly insensible when touched or scratched, but often bleed upon the least contact. They vary in size from that of a nut, or even less, to that of a child's head, and are commonly pyriform, being narrowest at their junction with the uterus. They are attached by a peduncle of variable size, sometimes being connected by a slender stalk like that of a leaf, at others by a fleshy attachment of considerable circumference. Polypi are also coniform, or smallest at the free extremity, globular, elongated, or club-shaped.

The above brief description of their site and structure will be found of practical importance, when the propriety of applying the ligature, or of removing them by excision, is being considered ; but as the object of this work has been declared to be, to portray the symptoms of disease, so far as they can offer a chart of comparison with the pathogenetic properties of the remedies, which are indicated for the cure or palliation, on the principle, "*Similia similibus curantur*," I will confine myself to the Homœopathic treatment, and leave



the detail of the time and manner of applying the ligature or the knife, to be sought for in other more elaborate works ; but I would first interpose the remark, that we do not attempt to supersede the use of the above-named surgical means, which are often absolutely necessary. Some resource may, however, be found in Homœopathy, when these are impracticable, or before the polypus has left the cavity of the uterus, when time is often allowed for medical interference.

The symptoms which accompany the presence of polypus of the uterus are :—mucous or muco-purulent discharge, excessive menstruation, or sudden and occasional gushes of hæmorrhage ; this state of things is followed, after a longer or shorter period, by an impaired state of the general health, paleness or sallowness of countenance, dyspeptic symptoms, loss of appetite, vomiting, uneasiness in the pelvis, a variable swelling in the abdomen, aching pain in the back, bearing down pains, sometimes of a very severe and cutting character, perhaps retention or incontinence of urine, tenesmus, or obstinate and continued costiveness, and a dragging sensation at the loins, with dyspnœa. The discharge from the uterus not unfrequently becomes fetid. The blood coagulates around the polypus, and at times is observed to come off like a ring.

The uterus is sometimes so distended by the growth, that it produces symptoms resembling pregnancy, which indeed may occur during the existence of polypus ; but Dr. Ashwell says, that he has never seen it take place after removal of the polypus by operation. Dr. Blundell has, however, shown this to be the case sometimes.

As the disease advances, if it be not within the reach of instrumental aid, great constitutional disorder takes place, debility, emaciation, pallor of the countenance, frequency of pulse, œdema of the extremities, and death, or dropsy into some of the cavities.

*Treatment.*—The cure of polypus by medicinal agency

cannot be accomplished by the old school of medicine, consequently extraction, excision, the ligature, or cauterisation are the sole resources ; but homœopathy has rendered results which prove the curative power of its remedies.

*Staphysagria* and *Calcarea* are those which have been recommended, principally, to remove the state of dyscrasia upon which the formation of polypi depends. These may be given at long intervals, when the disease exists ; but if the polypus is within reach, and of that nature which admits of the successful application of the ligature, this operation should be adopted, unless excision promises a more speedy recovery. Nevertheless, although the treatment of polypi by medication may not effect a cure as rapidly as the more severe methods, there are many cases in which it is a much more desirable, or, may be, the only practicable plan.

But small polypi can all be treated by torsion or twisting, by means of the ordinary polypus forceps—the middle-sized by the ligature—and the large by ligature and excision. Where there is little or no hæmorrhage it is easy enough to await the issue of the general medicinal treatment, otherwise the above plans put an end to the disease and all its evils, except in cases of fungoid growth, fungus hæmatodes, and cauliflower excrescence, which may be called incurable.

The treatment of the different varieties of polypi is not equally easy. When a polypus has existed a long time, and is of the fibrous, mucous, or sarcomatous kind, it requires, as stated by Jahr, the employment of the *highest* dynamisations, and the *prolonged action* of a single dose, as the *sine quâ non* of success. And, in every case, the examination of all the symptoms, and the morbid conditions presented by the patient, is almost always indispensable to determine definitively the choice of the medicine. The remedies which are pointed out by Jahr, as being generally related to the different kinds of polypi, are :—

1, *Calc.*, *Lyc.*, *Puls.*, *Staph.* ;—2, *Con.*, *Merc.* ;—3, *Phosph.*

*ac.*, *Puls.*;—4, *Aur.*, *Mezer.*, *Petrol.*, *Silit.*, *Thuja*;—5, *Ambr.*, *Ant.*, *Bell.*, *Graph.*, *Hep.*, *Natr. m.*, *Nitr. ac.*, *Sep.*, *Sulph.*, *Sulph. ac.*; and in particular,—

Against the *sarcomatous*: 1, *Staph.*, *Thuja*, and perhaps, also,—2, *Lyc.*, *Merc.*, *Nitr. ac.*, *Phosph.*;—and 3, one or other of the medicines indicated above.

Against the *granular*: 1, *Nitr. ac.*, *Staph.*, *Thuja*;—2 *Calc.*, *Lycop.*, as well as some of the medicines cited above.

Against the *fungous*: 1, *Calc.*, *Lyc.*, *Merc.*, *Nitr. ac.*, *Staph.*, *Thuja*;—2, *Phosph.*, *Sep.*, *Sil.*, *Sulph.*

Against the *fibrous*: 1, *Calc.*, *Staph.*;—2, *Puls.*, *Teucr.*;—3, *Ars.*, *Lyc.*, *Petr.*, *Phosph.*, *Sep.*, *Silic.*, *Thuja*.

The following history may perhaps tend to check, or keep within reasonable limits, those who are over-ardent in the attempt to cure rapidly by the ligature a disease that is incurable.

I was requested, in May, 1850, by a physician, to visit a patient who had been suffering from repeated and frequent hæmorrhage. She was also the subject of diabetes mellitus, and had derived considerable benefit in this disease from his treatment. I found her a person of about 55, the mother of a large family, of a mild and benignant aspect; her hair was grey, and her countenance sallow and exsanguine. She had been passing coagula of blood from the uterus every five or six weeks, with a constant discharge of a warm, colourless, watery fluid during the intervals. There was fixed pain in the left side of the hypogastrium, and at intervals lancinating pains shot through the womb. She was sensible of a large body in the pelvis, the abdomen varied in size a good deal at times; she suffered greatly from constipation, indigestion, and thirst; the tongue was white and moist. After the birth of the third child there had been adherent placenta. Five years before she was affected with irregular and copious discharge, connected with the cessation of the menses. Two

years before, for the first time, she had an alarming hæmorrhage, which required plugging of the vagina. A year before she was examined by a most eminent physician-accoucheur, who said there was nothing wrong. All this time she had been getting more and more enfeebled. Her mother died of cancer.

On examination "per vaginam," I found the cervix uteri quite obliterated, as at the early stage of labour. The os, open to the size of half a crown, was occupied by a soft, fleshy mass, which yielded, and allowed my fingers to pass round: it bled upon being moved about. The body of the uterus, felt through the abdominal parietes, was as large as a fœtal head. The cavity was occupied by the large spongy mass, or soft bleeding fungus, which was attached anteriorly to the interior of the uterus, just within the os, by a very broad base, which my fingers could not compass. The speculum exhibited the os uteri blanched, thin, and perfectly smooth. It contracted and relaxed during the manipulation, and the true character of the fungoid polypus was visible. I gave my opinion that at present a ligature was not possible, from the complete enclosure of the tumour within the uterus, and the breadth of the attachment; and, moreover, that if a ligature could be applied, the mass would yield to it, and it would cut rapidly through and produce no curative result.

A month afterwards she consulted a physician-accoucheur of some renown. He told her that he would tie it, and get her well in three weeks. She submitted. He attempted, but failed, after a long time, to apply the ligature. He made a second attempt, a week or so after, and while he was manipulating a sudden gush took place, and she died instantly! No post-mortem took place.

I have removed a large number of polypi of the uterus in the course of my practice, and have never found any ill effects to result. By using the ligature and Gooch's

canula, or the écraseur, or torsion, there is an immediate cessation of the hæmorrhage; and then, by administering the suitable homœopathic remedies, the dyscrasia connected with the polypi is gradually removed, and the parts are restored to their normal condition.

Nevertheless, cases are recorded in which the polypoid growths have been expelled under the influence of homœopathic medicine.<sup>1</sup>

The fundamental medicine was *Conium maculatum* 6, the third dose of which caused the expulsion of a spherical polypus, with strong uterine pains, menorrhagia and fever. When this aggravation had ceased, *Conium* 15 was given. This was followed by a fresh aggravation, and the expulsion of another polypus. Having to leave the capital for a month he (Dr. Chavez) gave twelve doses of the 30th dilution in twelve spoonfuls of diluted alcohol, one to be taken every twenty-four hours. After this several polypi were passed, and gradually the patient got well.

#### PHYSOMETRA, OR TYMPANITES UTERI.

The cavity of the womb is occasionally distended by a collection of air. This is sometimes idiopathic, the air being secreted by the uterine vessels, in which case it will escape with a noise; but at other times it is consequent upon the decomposition of some contained substance or fluid, such as a mole, a portion of a placenta, or retained menstrual secretion. It may give rise to symptoms of distension in the hypogastric region, and is generally attended by hysteria.

*Phosphoric acid* has been found by Hartmann to effect a copious discharge of wind, followed by recovery.

*Lycopodium* is also recommended, either when the former remedy fails of success, or alone.

When it is dependent on the process of putrefaction, the

<sup>1</sup> 'British Journal of Homœopathy,' vol. xxvi, No. civ.



uterus should be washed out by an injection of lukewarm water.

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## HYDROMETRA.

### DROPSY OF THE WOMB.

Dropsy of the womb may be considered under three varieties.

1st. That form which occurs independent of the pregnant state.

The symptoms which are presented by this condition are:—those of indigestion, or nausea and vomiting, flatulence, a constant stillicidium or oozing of serous fluid from the vagina, or its occasional escape in gushes; weight and tension in the pelvis, pain and costiveness, many of the signs of pregnancy, and perhaps slow fever.

The menses, should they not be obstructed, are pale and watery; or if a sufficient closure of the os uteri have taken place from accidental causes, such as adhesive inflammation or hardened mucus, as occurs in pregnancy, the fluid may be retained in the cavity of the uterus. It may be connected with hydatids, or some other disease of the uterine lining, with growths or excrescences about the os and cervix, or it may occur without the presence of hydatids, as some authors believe, although Denman and others deny its possibility. In either case, however, if the patient be carefully examined, and it be quite certain that pregnancy does not exist, the fluid may be let out of the womb through the os uteri, by means of a catheter, or some such suitable instrument. This, however, is but a temporary expedient; the re-collection of the fluid must be prevented by remedies which are capable of removing the symptoms of disturbed health, and rectifying the morbid condition of the system upon which the abnormal secretion depends.

2nd and 3rd. The other two varieties of hydrometra are connected with pregnancy. In the one, the fluid is collected between the membranes of the ovum and the uterus; in the other, it is an excess of the liquor amnii itself.

The former of these may result from the same pathological condition of the uterus or its lining, as has been stated above, and although coexisting with pregnancy, may, in reality, have no connection with it as to cause and effect. The latter, however, has been supposed to depend upon an inflammatory condition of the ovum, or its enveloping membrane, from the vascular condition of the membrane and the inflammatory redness which has been observed in some cases after death.

It is not very easy to ascertain the existence of hydrometra during pregnancy. But if it be present, the abdomen is found to enlarge more rapidly than usual in that state, after the first months, as is likewise the case with hydatids; the lower extremities, and even the face and hands, are sometimes cedematous; the ballottement of the foetus is felt *per vaginam* and by percussion of the abdomen; the patient experiences great debility, and all the inconveniences which accompany so great a volume of the abdomen; difficulty of walking, and a great sense of oppression, which causes her to pass her nights in a chair. It is impossible to tell beforehand whether the effusion is within or without the membranes.

A lady, pregnant with her fifth child, of a delicate, lymphatic temperament, suffered much from excessive vomitings during the earlier months, after which her size was greater than usual, from which twins were anticipated. At the seventh month pains occurred, with the discharge of a quantity of clear fluid, *per vaginam*; the pains however subsided, her feet and legs became excessively cedematous, there were cough, and constipation; labour came on a fortnight before the expected period, by the sudden discharge of the

liquor amnii in a proper quantity without pain, just as she was preparing to go to bed. The pains, however, soon followed; the labour was gradual, no more liquor amnii escaped until after the birth of the child; the bed was then inundated by the discharge of a quantity of yellowish curdly fluid, which preceded the expulsion of the placenta.

The causes of hydrometra are those common to all dropsies;—of which lymphatic temperament, losses of blood, frequent parturition, great fatigue, a sedentary life, privations, living in humid situations, and moral affections, especially misfortunes, are the most ordinary.

The prognosis is favorable to the mother, but often the disease is destructive of the life of the infant, especially when the dropsy is developed several months before the termination of pregnancy, when the excessive distension of the uterus may induce contractions, and the consequent expulsion of its contents before the normal period; when, even, parturition occurs at the usual time, the infant is mostly pale and very feeble.

There is also another kind of serous exudation from the womb, which I have met with two or three times, and which occurs a few days after delivery. There is, in the place of the lochia, a profuse watery discharge complained of, which soaks through everything. It appears at the time that the colour of the lochia changes, and is at first like dirty water, and in a day or two becomes clear. It seems to be a simple weeping of the uterine vessels, which do not allow the passage of the grosser parts of the blood, the place of which is occupied by the excess of serum. It usually occurs in lymphatic, relaxed, and languid subjects; and in two of the cases which came under my own observation, there had been previous hæmorrhage at the time of delivery, in consequence of a want of contractile power in the uterus. This was speedily cured by *Secale*, followed by remedies that improved the general health.

*Treatment.*—Homœopathy affords more efficacious treatment in this disease than the old system of medicine. After having remedied any hygienic errors which may be found, the previous conditions of the patient, together with the symptoms which prevail apart from the actual abdominal enlargement, must be carefully examined, and that medicine should be chosen which is best adapted to them.

In the commencement, if the disease has been produced by grief, *Ignatia* should be exhibited; if it has been the effect of misfortune, and want of nourishment, *China*; if the abdominal swelling is attended by frequent desire to urinate, constipation, difficult digestion, vomitings of food, *Nux vomica*; if, together with these symptoms, there is a relaxed state of the bowels, *Pulsatilla*; and *Sulphur*, if the medicines do not produce the effect desired: *Aconite* will be given with advantage in alternation with the medicines just indicated at the commencement of the disease. When hydrometra is accompanied, in its more advanced stage, with œdema and a sense of suffocation, so as not to be able to lie down in bed, *Arsenicum* will be found of the greatest advantage. In this state, also, the *Apis* may be tried. Under the influence of *Arsenicum*, a woman, in the sixth month of pregnancy, with œdema of the extremities, and who was forced to pass whole nights upon a chair, with scanty and thick urine, &c., progressed most favorably; the symptoms diminished by degrees, respiration became more easy, so as to permit her to pass her nights in bed, labour came on at the proper period; and the child, although delicate, has lived. In this period of the disease *Sulphur* is also indicated, and may be alternated with the medicines we have before quoted.

*Calcareæ* may also be useful in restoring the general health; *Sambucus* for the relief of the dropsical effusion. *Sepia*, *Secale*, *Phosphorus*, and *Sulphur*, correspond to many of the conditions which characterise the different forms of the disease.

## FUNGUS HÆMATODES UTERI.

Although this is a rare disease, and exceedingly intractable, it deserves mention here, in common with other malignant disorders of the womb, which occasionally come under Homœopathic treatment. It is a variety of cancer, and has received different names : such as, cerebriform cancer, medullary tumour, encephaloid tumour, spongy or fungoid tumour, bleeding fungus, &c.

The essential character of the disease is that of malignant growth, abounding in cells, and separated into lobes, either by dense septa, or by a fine attenuated membrane like the pia mater, with innumerable small blood-vessels ramifying upon it. The cells contain either grumous blood, or medullary matter, the latter being of a pinky hue, from the diffusion through it of the minute vessels, which, from the extreme tenuity of their coats, are frequently ruptured, and hence the appearance of coagula in the masses. Occasionally a portion of the brain-like substance remains white and unaltered.

As the disease progresses, the medullary matter is softened down, and assumes the consistence of thick cream. The diseased growths vary in size, from that of a pea to a potato, and exist in the encysted form, or diffused among the tissues of an organ, and are found in different parts of the body after death. Unlike true cancer, it attacks the body of the uterus, and not the os and cervix in the first instance, the latter becoming involved during its progress. In the early stage of the disease, when the uterus is little enlarged, and remains still within the pelvis, its existence is not observed ; but when the tumour rises above the pubes, and the general health begins to suffer, the attention of the practitioner is directed to it. When examined externally, it is found to consist of a soft, elastic, tight swelling, not uniform, but made up of several smaller ones of different sizes, having a



connecting medium between them; the whole can be traced down to the pubes.

Their connection with the womb is made clear on examination *per vaginam*, by pressing upon the tumour externally at the same time.

It is distinguished from cancer by its softness and elasticity, by the absence of pain up to a very advanced stage, and its rapid increase after ulceration has commenced, as well as by its tendency to generate spongy excrescences. The disease commences obscurely, with less pain than scirrhus; the catamenia become deranged, dyspeptic symptoms prevail, with irritability of system and a quick pulse. There is soon a discharge from the vagina, either of serous, sanguinolent, or of yellow, greenish, and fetid fluid; weight and bearing down, with the ordinary pelvic symptoms which accompany serious diseases of the womb; strangury, and tenesmus, from the adhesions which silently form. Emaciation slowly comes on, the tone of the system becomes lowered, the complexion, after awhile, changes to a pale and yellow hue, the discharges become more sanious, or watery and offensive, ulceration commences in some part of the tumour, and then the disease makes rapid progress. Hæmorrhage occurs frequently, with sharp lancinating pains coming on in paroxysms; nausea, vomiting, diarrhœa, sleeplessness, œdema of the extremities, great prostration and despondency, convulsions, night sweats, dyspnœa, restlessness, hectic fever, marasmus, and death, or the patient is carried off by a violent hæmorrhage.

During the progress of these symptoms the ulcerated tumour develops fungoid excrescences, which protrude into the vagina, or make way externally to the uterus towards the abdominal cavity, and even through its parietes, involving in its course destruction of the contiguous organs and structures. When the fungous growth passes inward, there is frequent hæmorrhage; it bleeds upon the least touch, and

the discharge is grumous and fetid; when it extends outward, inflammation, adhesion, and ulceration of the adjacent tissues and organs take place.

Dr. Quin has met with several cases of this disease, and I am indebted to a paper on 'Fungus Hæmatodes, and its Treatment by Homœopathy,' read by him before the British Homœopathic Society, on the 3rd of June, 1847, for the account of a most interesting one, in which life was prolonged upwards of eighteen months with comparative comfort under his judicious management, when every hope of the patient's existence beyond a few weeks had disappeared; all the usual resources of allopathic medicine in the most skilful hands having been exhausted. In this case the eminent accoucheur, who had immediately preceded Dr. Quin in the treatment of the patient, occasionally examined and reported on the improved condition and partial subsidence of the malignant growth, during the progress of the Homœopathic treatment. At the end of the period above-mentioned, when at the sea-side, sudden hæmorrhage recurred, from the consequences of which she died.

*Treatment.*—The remedies which are suggested by their pathogenetic correspondence with the essential and concomitant symptoms of fungus hæmatodes are chiefly,—*Arsenicum*, *Belladonna*, *Carbo an.*, *Merc. viv.*, *Phosphor.*, *Thuja*, *Silicea*, *Sulphur*, *Calcarea*.

For the sympathetic symptoms:—

*Ipecac.*, *Bryon.*, *Veratr.*, for the nausea, heaving, and vomiting.

*Aconite* for the attacks of fever.

*Belladonna* for the pains in the hypogastrium, back, and thighs.

*Aconitum* and *Moschus*, frequently repeated, for the fits of fainting.

*Coffea*, *Acon.*, *Phosph.*, and *Cham.*, for the want of sleep and restlessness.

*Hyoscyamus* for the violent hysterical symptoms.

*Nux vom.* and *Arsen.* for the spasms in the stomach.

*Ipec.*, *Bryon.*, *Puls.*, for the disgust at food.

*Acon.*, *Crocus*, *Cham.*, *Ars.*, for the violent and terrific flooding.

*Opium* and *Nux v.* for the constipation.

*Merc.* and *Ledum* for the alternate diarrhoea and constipation.

The following brief details of a most extraordinary case of fungus hæmatodes occurring in the eye are so interesting, that I may perhaps be pardoned for introducing them here, as they afford, analogically, some ground for hope, that the same disease, when situated in the uterus, might, if early recognised, possibly admit of cure. Count Radetsky, the late Austrian field-marshal, had been pronounced by a consultation of physicians to be incurable of a fungus hæmatodes of the eye. The disease occupied the cellular tissue within the orbit, and was rapidly increasing, protruding the eye, and showing itself in front between the lids, but vision was not quite destroyed. The tumour was of a blue colour, and presented itself as a spongy, elastic, granular, pale red body; it fixed the globe of the eye, and was attended by hæmorrhage. He now placed himself under the care of Dr. Hartung,<sup>1</sup> through whose patient and careful selection of remedies this malignant disease was arrested, and ultimately cured. I can only here point attention to the remedies used, and refer the reader for more complete information to the *Materia Medica*.<sup>2</sup>

After the use of 1. *Acon.*, 2. *Baryta c.*, 3. *Zinc.*, 4. *Anac.*, 5. *Calc. c.*, 6. *Euphr.*, 7. *Merc. s.*, 8. *Merc. corr.*, 9. *Ant. cr.*,

<sup>1</sup> One of the surgeons-in-chief attached to the army in Italy, under the command of Field-Marshal Radetsky, who had long been a convert to the doctrines of Hahnemann, and a successful practitioner of Homœopathy.

<sup>2</sup> Vide, also, 'British Journal of Homœopathy,' vol. i, No. ii.

10. *Digit.*, the disease not being arrested, the following remedies were tried, namely, *Arsen.*, 30, 6 globules; *Psorin*, 30, 6 globules; *Herpetin*, 30, 6 glob.; *Carbo an.*, 30, 6 glob. Until the last medicine the fungus continued to increase and bleed, but now its growth was somewhat arrested.

*Thuja occid.*, 30, given three times a day for ten days, followed by *Carbo an.*, alternated afterwards every eight days, with the local application of the same remedies, succeeded in perfecting the cure of this malignant affection.

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### RAMOLLISEMENT OF THE UTERUS.

This is a very rare and obscure disease, having a malignant character, and running its course rapidly. It is sometimes present as one of the terminations of acute inflammation of the substance of the uterus, but it likewise occurs without any evidence of such a previous condition of the organ, and is chiefly distinguished from common inflammation by the early and rapid sinking, and the absence of marked inflammatory symptoms. The disease may commence before labour, or appear almost immediately after delivery, or not for some days.

When the uterus is so affected, the whole substance of the parietes of the organ is occupied by it, the tissues are red or purpled, soft, and almost gelatinous; sometimes they are converted into a brown or black unorganised pulp. The inside of the womb is covered with a fetid, brown, or black-coloured mucus. The putrescence may be confined to the surface, the substance of the organ being healthy, or may be altogether limited to the cervix and os. It has been considered as a peculiar condition, independent of gangrene, and little under the control of medicine.

I have witnessed two cases in the course of my practice.

In the first, on the fourth day after delivery, there was sudden, unaccountable sinking of the vital powers, there had been no symptoms of inflammation, the milk was suppressed; the patient was weak, delicate, and cachectic, the powers of life gave way without any imaginable cause, and she died in a few hours. On inspection of the body, nothing was found but a soft black spot at the site where the placenta had been attached. The child had been born dead.

The second case was a premature delivery of a still-born child. Unusually acute after-pains had occurred, and, unfortunately, powerful doses of *Opium* were given to allay them. I saw the patient within twenty-four hours after delivery. She was then under the influence of the narcotic, a pale and cachectic-looking person, very fair and sensitive; she complained of nothing but the after-pains. Four days after this I was called, and found her dying, without any additional symptoms previous to the collapse in which I found her. A sort of half-conscious bewilderment was about her, and she died in five or six hours. The lochia had been fetid for two days without any local pain or abdominal tenderness; she had passed scarcely any water, and there was hiccup, which had troubled her at intervals from the day of her delivery, and rapid exhaustion. Although I was not able to verify this case by post-mortem inspection, it so closely resembled the one above related, that I have no doubt of its identical character.

The means offered by Homœopathy for the relief of such cases are necessarily very limited; for the development of this condition is so unexpected, and so little indicated by symptoms, that when one is made aware of it, the patient is sinking. When, however, a very impaired state of the vital powers, or a general cachexia is observed to exist throughout a pregnancy, especially if acute neuralgic pains pass from the uterus to the head and back again, at intervals, the nervous system being morbidly sensitive as well as weak,



and when, moreover, premature delivery of a dead fœtus happens in conjunction with these circumstances, a close observation of the general symptoms, and of the lochial discharges, may possibly announce to us the presence or proximity of this disease. Under any circumstances, however, we can but anticipate a fatal termination.

*Secale cornutum*, *Arsenicum*, and *China* are the remedies which would be indicated by the accident; but better than curing would be the prevention of this disease by rectifying, during pregnancy, the morbid condition of the system, with which it is intimately associated.

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## OVARITIS.

### INFLAMMATION OF THE OVARIES.

The ovaries, being the organs in which the first impulse of conception takes place, are necessarily liable to be implicated in many of the diseases, connected with menstruation and parturition; they are also subject to diseases peculiar to themselves, as well as to some which equally affect distant organs.

Inflammation may attack the ovaries, either in an acute or chronic form. The former is most frequently met with in the puerperal state; the latter under circumstances disconnected with pregnancy or parturition.

From their intimate connection, anatomical and functional, with the uterus, it is often difficult to localise an inflammation of one or other of these organs; and it is, therefore, rare to find the ovary affected, without the uterus being, more or less, implicated. Ovarian disease, however, is said to be less frequent than uterine. One or both ovaries may be the seat of the morbid action, but this rarely happens before puberty.

Ovaritis has been mistaken for metritis; this might be

supposed readily to occur in cases where the peritoneal covering was the seat of the inflammation, but it has even happened when pus has been found deposited in the parenchymatous structure of the ovary itself.

Acute ovaritis is characterised by the following symptoms :—pain, swelling, and tenderness in the hypogastric region, laterally ; the pain is increased by the patient suddenly rising up ; the pain being just above the groins, where, sometimes, an enlargement may be felt ; numbness of the thigh of the affected side ; symptomatic fever, nausea, or vomiting ; constipation ; frequent micturition ; or retention, with scanty, high-coloured urine. If the tumour is large, it may, probably, be felt by passing the finger into the vagina or *per anum*. Hysterical symptoms prevail to a great extent ; the mind and temper are, more or less, affected, and there is, occasionally, nymphomania, or furor uterinus, with irritation of the internal parts ; but I believe this distressing derangement to be very rarely associated with ovaritis. In the puerperal state, the symptoms vary with the prevailing epidemic, and with the extent of uterine disease associated with it. It is also marked by a greater amount of vital depression, at that time. When the peritoneal covering is affected, the symptoms are very acute, and of the character of general peritonitis.

Chronic ovaritis is usually an insidious, slowly progressing disease, and may be confounded with hysteria, for some time, before its distinctive character becomes apparent ; organic structural change may even have taken place before the attention of the practitioner is called to it. If early recognised, the symptoms above detailed will be found, upon examination, to exist in a less active form ; there is obscure pain in the iliac region, radiating over the pit and down to the thigh ; stiffness and pain on moving the leg of the affected side ; weight in the pubic region and perinæum ; the catamenia will be diminished or suppressed, and the local pain

rather augmented at the period of their occurrence, and after bodily exertion ; slight febrile action ; the mind and temper will be variably affected, hysterical and nervous symptoms predominate, the moral phenomena, perhaps, attracting most attention. It is apt to occur in scrofulous subjects, when it most commonly results in suppuration. The tumour is not felt distinctly at the first.

The consequences of ovaritis, if it does not terminate by resolution, are :—suppuration in the parenchyma of the organ ; softening of the body of the ovary ; induration ; effusion of puriform lymph or serum, or of gelatinous lymph ; extension of the inflammation to neighbouring organs or tissues, and sterility.

When suppuration takes place in an ovary, it may possibly happen, that the pus shall find its way, through the fallopian tube, into the uterus, and so pass per vaginam. Although it is very rare for extensive disease of the ovaries to exist, without closure of the fallopian tubes, the escape of pus per vaginam does not, therefore, necessarily indicate, that it proceeds from the uterus originally.

The predisposing causes of ovaritis are :—mental and moral, connected with voluptuous excitement of the imagination ; disappointed hopes, &c.

The exciting causes are :—exposure to cold ; getting the feet wet during the catamenial flow, producing sudden suppression ; injuries received in the neighbourhood of the organs ; inordinate excitement ; indulgence in alcoholic drinks, &c.

*Treatment.*—This must be aided by the rigid avoidance of all known causes, on the part of the patient. In the acute form, as febrile symptoms always exist, it will be necessary to have recourse, in the first instance, to—

*Aconitum*, (tinct.) 3,

two drops being mixed in four table-spoonfuls of water, and

a teaspoonful of this mixture given every three hours ; and when the tension of the arterial system is relieved, the remedy most in harmony with the cause of the attack, or with the prevailing symptoms, must be given.

*Nux vomica*,—should the disease have been induced by the habitual use of alcoholic liquors, or by too sedentary a life.

*China*,—when debilitating causes have preceded the attack.

*Staphysagria* and *Phosphor. acid.* are useful, under similar circumstances.

*Bryonia*,—in the absence of any distinct indications, favouring the selection of any of the preceding remedies, is generally the most specific, and should follow *Aconite*, especially when motion aggravates the pain.

*Veratrum viride* is of great value in this disease when the serous membranes are involved, with much fever, and tenderness ; it may be given in the 1st or 3rd dilution every 3 hours, and a compress wrung out of the tincture of *Veratrum* 3j in half a pint of water may be applied over the abdomen.

*Rhus* may be given, if the pain, &c., is relieved by movement.

*Conium* is useful in subacute or chronic inflammation of the ovary, particularly when there is induration and enlargement, attended with gastric symptoms, as nausea, vomiting, eructations of wind or phlegm, with lancinating pains and inflation of the abdomen, acrid white or slimy leucorrhœa, with labour-like contractive pains in the iliac regions.

*Lachesis* is recommended by Hering and others, in chronic enlargement of the ovaries, either with induration or supuration, and is successfully followed by *Platina*.

*Cantharis* will often be found useful, especially in the more severe form of the disease, when there are symptoms partaking of the character of nymphomania ; dysuria ; tenesmus vesicæ, &c. ; or with delirium ; hysteria ; and tendency to gangrenous inflammation in the organ.



*Arsenicum* will be indicated when the pain is relieved, by constantly moving the feet, and the patient is restless, from intense pain.

*Colocynthis* is suitable for the same symptoms, particularly when there is boring, tensive pain in the ovary, or spasmodic, colicky pains in the hypogastrium.

*Belladonna* is required sometimes after *Aconite*, when the inflammation is circumscribed or peritoneal, the pain being of a stabbing character, attended with spasms, and the patient of a phlegmatic or scrofulous constitution.

*Platina* and *Mercurius* are specific in cases where nymphomania has been developed, with internal itching of the vagina; where the pain in the region of the ovary is of a burning character, and occurs in paroxysms, with stitches in the forehead; anxiety and oppression in the chest; palpitation of the heart; nausea and inclination to vomit, with restlessness; hysteric mood; great variableness of spirits; weeping, lowness of spirit, nervous weakness, and vascular excitement. The cramp pain, excited by *Platina*, is converted into a bruised pain by pressure.

It has been found beneficial after *Lachesis*, in a case of induration and suppuration of the ovary, by Hering, also *Iodium* and *Cimicifuga*.

*Ignatia* may be used, when the disease has been excited by disappointed love; voluptuous excitement of the imagination, &c.

*Ambra*, *Mercurius*, *Pulsatilla*, *Antim. cr.*, *Lachesis*, and *Hepar*, are sometimes recommended; and in administering the different remedies, each must be selected in accordance with the symptoms which remain after the full effect of the preceding one has been obtained. In the more chronic form of the disease, the same remedies may be had recourse to, modified in their dilution and frequency of repetition, according to the greater or less activity of the prevailing symptoms. The anti-psorics must be resorted to, especially



if the history of the patient leads one to suspect the existence of latent psora.

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## HYDROPS OVARII.

### OVARIAN DROPSY.

The most common form of ovarian tumour is the "Encysted Dropsy of the Ovary." This consists of an enlargement of one or more of the vesicles of De Graaf, the coats of which are thickened, greatly dilated, and become filled with a fluid, while the intermediate structure becomes atrophied, as the vesicle or vesicles enlarge, until the fibrous tunic of the ovarium, covered by the peritoneum, forms the boundary of the tumour. Sometimes the tumour is formed by one of the vesicles alone; while others exist in various intermediate stages, from the size of a hazel-nut, to that of a child's head. These, from some cause, are arrested in their progress; they may contain a small quantity of fluid, or become condensed in their substance, or else their original growth is sarcomatous. When the principal cyst is formed of the entire ovarium, it often happens that the vesicles, having partaken of the morbid disposition, form a series of smaller cysts or cells, which are developed within the parent cyst, and occasionally communicate with each other by considerable openings, the tumour obtaining an immense size, so as to occupy almost the whole abdomen. The thickness of the parietes of the cysts differs much; they are often as thin as a bladder, but, at other times, of a substance as thick as the hand.

The fluid secreted within the cysts may be serous, like that of ordinary dropsy, or mixed with slimy matter, or it may be a thick, ropy fluid, or gelatinous; different cysts in the same tumour will sometimes contain different sorts of fluid. Pus is occasionally found in one or more of the cysts,

mingled with the other fluid, a consequence of inflammation having occurred in the cyst.

The colour of the fluid contents likewise varies, and is either a straw colour, like the serum in ascites, or dark, like muddy coffee, or brown and gelatinous. The external surface of the tumour may be firm, lobulated, smooth, or tuberculated; the interior is commonly smooth, like a serous membrane, now and then irregular and mammilated, or divided by incomplete partitions.

Different matters are occasionally found as contents of some of the cysts, such as hair, bone, fatty matters, &c.

The disease is more frequent, on the whole, in single than in married, and in sterile than in parturient women, and rarely occurs before the age of 17 or 18, although it has been known to commence at the period of puberty. Both ovaries are not often affected at the same time. The complication of schirrus of the ovary, with dropsy, is not uncommon.

The symptoms of ovarian dropsy usually commence with an uneasy sensation in one or other of the iliac regions, attended by a sense of weight or pressure, with a certain amount of numbness of the thigh, some derangement of the catamenial function, irritation of the bladder, nausea and syncope. When the disease is first induced by a blow, or other mechanical injury, the symptoms at the onset are more acute and well-marked.

Sympathetic pain, or distension of the breast, is sometimes felt; there is some enlargement of the abdomen, at times swelling of the feet, or of one foot; constipation; hæmorrhoids; and either too frequent or difficult micturition. The urine is not often diminished. It is said by Dr. Seymour, that the catamenia are always absent when both ovaria are affected; but when one only is diseased, there is generally irregularity or suppression. The catamenia are, however, in some cases, profuse at first. Hysterical

symptoms occur at times, and help to mask the early progress of the disease. The tumour is seldom to be felt in the early stages ; but when it has existed some time, it can be detected of the size of an orange, just above the brim of the pelvis. It may sometimes, though not always, be ascertained through the rectum or vagina ; in the latter case, a smooth, rounded prominence is felt alongside the uterus, just at the reflexion of the vaginal lining, which, by moving the uterus aside by means of the sound, is found to be distinct from that organ. As the ovarium increases in size, it occupies at last the centre of the abdomen, so that it is not easy to tell, except from the history of the patient, from which side it took its rise ; fluctuation becomes more or less distinct in it ; the general health all the while being less affected than would be *à priori* supposed ; the greatest inconvenience often being from the weight of the tumour : this comparatively slight interference with the functions of the animal economy is owing to the very gradual displacement of the abdominal organs, by the dilating tumour, and the local character of the disease.

In many cases, however, general ill-health and great debility prevail ; dyspepsia, and various nervous affections, with spasms, attending its progress.

When the tumour has attained so great a size as to distend the abdominal parietes, it is no longer moveable, and one diagnostic sign between it and ascites is lost ; when this happens, it sometimes carries up the uterus with it into the abdominal cavity, elongating the vagina, and putting it upon the stretch, so that the os and cervix uteri are lost. But before it has arrived at this state, menstruation continuing, the woman may become pregnant, and give birth to live children. The disease may thus exist for a number of years, and sometimes remain in a dormant state. But during the progress of the disease, the woman may experience pains in the abdomen, with inflammatory fever ; suppuration may

take place in the tumour, and hectic fever arise ; or the distension, caused by the great size of the tumour, may so derange the functions of the stomach and liver, and the organs of respiration, that the system may give way, dropsical effusions take place, and death result.

Ovarian dropsy must be carefully diagnosed from pregnancy, ascites, retroversio uteri in its early stages, distended bladder, and malignant disease of the ovarium.

#### OVARIAN TUMOUR.

This is generally the result of chronic inflammation and induration occurring in the ovary, and may either be a solid growth in the organ itself or a partially developed cyst with thickened walls. It may grow alone or in connection with others, sometimes from dilatations of Graafian vesicles forming cysts, at others as a fibrinous outgrowth or as outgrowths with so great a thickness and induration of the hypertrophied parietes that it may be almost impossible to determine that any dropsical collection is actually present. An ovarian tumour, properly so called, may contain a single large or smaller cyst situated in its centre ; or it may have numbers of such cysts scattered through its substance. "The symptoms of chronic inflammation of the ovaries, except in those cases which follow the acute form, are not very strongly marked. The pain, which in acute ovaritis had been very severe, gives place to a sensation rather disagreeable than painful. There are a variety of sufferings within the pelvic region, which, *in default of any other cause*, may be safely attributed to chronic ovaritis. Such are, frequent need of urinating, painful constrictions of the vagina, uterine colics, a very painful tenesmus, together with the formation of hæmorrhoidal tumours." "The patient complains of an inconvenient weight in the diseased spot, which increases when touched, when walking, by remaining too long standing, and especially at the menstrual period. Frequently we meet

with various disorders in connection with menstruation, without our being able always to comprehend why the courses are sometimes nearly or quite suppressed, while at others they are much too abundant ; as the disease very often affects one ovary alone, the courses are not necessarily accompanied every time by dysmenorrhœal phenomena ; we even see the catamenial flow occur two or three times without particularly painful sensations, which suggests the inference that the matured ovum at these periods belongs to the healthy ovary. At other times, each menstrual period is accompanied by a violent dysmenorrhœa, and then either both ovaries are diseased,—or the ovulation affects in a high degree the diseased organ.”—*Scanzoni*.

In consequence of this general derangement of the menstrual function we have the various kinds of ovarian tumour developed in the form of a single cyst, or as a fibrinous swelling, or as a multilocular tumour.

The diagnosis of ovarian dropsy is not always easy. The history of the case, the commencement of the illness by a circumscribed tumour in one of the iliac fossæ, preceded probably by pain or injury at that part ; its gradual enlargement, more on one side than on the other, the comparatively slight impairment of health, the swelling not being affected by change of position ; the irregularity at first without suppression of the catamenia, will assist in determining the existence of the disease. There is likewise an absence of the œdema of the feet and ankles, which so often attends ascites, and there is pain and numbness of the thigh of the affected side. There is scanty secretion of urine, with frequent desire. An examination, per vaginam aut rectum, will facilitate the diagnosis.

But if ascites be complicated with it, the difficulty of accurately distinguishing is very greatly increased. When this is the case, examination of the patient, in the recumbent posture, will cause the fluid of ascites to gravitate towards



the hypochondriac and lumbar regions, and the limits of the ovarian tumour rendered more clear.

The causes of this disease are :—injury during parturition, blows, falls, strains, fright, sudden application of cold, undue excitement, &c.

*The treatment* of these different forms of disease is very various, for although there is much that is common in the progress of the swellings, their internal constitution marks a difference that makes it incompatible to apply the same Homœopathic remedies to them indiscriminately. It may be stated once for all that ovarian dropsy is less amenable to treatment on the whole than ovarian tumour properly so called, and that the multilocular form is scarcely affected by it at all. There is nothing for this form but to have the operation performed with all its dangers, and take the chance; but if that is objected to, then by meeting all the inflammatory attacks as they arise, and the use of *Veratrum viride*, internally, and by compress as an external application, much good may be done and life prolonged.

But I have said that the treatment is very different, and so is the result. Fibroid tumours, great or small, are undoubtedly the most influenced by Homœopathic treatment, yield the best results, and are kept thoroughly under control, for a series of years, diminishing in size, and the patients receiving an immense amount of comfort, and living to a good age.

But, on the other hand, they are the most hazardous for an operation. Full of quicksands for the surgeon, and holding out very little chance of escape for the patient, many die who might have lived if left alone, and few live who could not by medical treatment have become useful members of society.

I have seen many dropsical ovarian tumours which have been left untouched, either from the patient having been delicate, or too feeble or supposed to have a tinge of con-

sumption about them, or of cancer, go on perseveringly with treatment for a long time, and at the last their forms have gradually diminished, and their strength has recovered, and their appearance of enlargement has disappeared, and they have astonished me with the rebound of health which their forms and features have portrayed. One lady I tapped thirty-two times, obtaining gallons of fluid from her, and when empty I discovered a small angular tumour at the bottom of the abdomen, which was sufficiently suspicious to prevent the major operation ever being attempted; after this she got inflammation in the tumour and I had to go to Brighton to perform the operation; the tumour was emptied, but a change took place in the secreted fluid, pus was formed instead of gelatinous serum, and only acquired a small size, which demanded tapping twice, and then it remained well for years until, after visiting Scotland, and walking much, she began to enlarge again, in consequence of another cyst being developed. One tapping was enough for this, and she lived many years.

Another patient at the hospital was so large that she could not make the journey to and fro, and her sister appeared for her. Every one refused to tap her, on account of the extreme debility, by which she was adjudged to be phthisical,—she persevered, *ex necessitate*, with Homœopathic treatment; after a year or two she became smaller by degrees, and one day appeared at the hospital among the out-patients, and then became quite slim and well. Many persons are constantly appearing among the patients, passing their lives as invalids, who if exposed to the dangers of the operation would never recover. This is a consolation to the timid, who shrink from it, or who are believed by medical men unfit. But the number of multilocular tumours is quite sufficient to occupy the army of ovariologists.

The remedies which are commonly used in the treatment are,—*Belladonna, Conium, Bryonia, Sulphur, Iodium, Lachesis*,

*Kali Chlor., Sepia, Platina, Phosphorus, Graphites, Dulcamara, Acid. Phosphor., Cantharis, Staphisagria, Cannabis, Cocculus, Hepar, Nux v., Lycopod., Silicea, Apis, China, Zincum, Ignatia.*

These, given in accordance with the indications which may characterise the individual case, in addition to other medicines which may be required to combat particular states or symptoms, which often arise during the progress of ovarian disease, must be studied carefully for that purpose.

## PART IV.

## CHLOROFORM.

IN the year 1847, in consequence of the successful introduction of the inhalation of Ether, for the purpose of abolishing sensation during painful surgical operations, and subsequently during natural parturition, Dr. Simpson was led to try the effects of various other respirable chemical compounds, to ascertain how far they were capable of accomplishing the same object, in order to avoid some of the inconvenient and disagreeable objections to which sulphuric ether was liable. In the course of his inquiries and experiments, he found that three compounds possessed the power, when inhaled into the lungs, of superinducing a state of anæsthesia, or insensibility to pain, namely, Nitrous Oxide, Sulphuric Ether, and Perchloride of Formyle, or Chloroform.

Their elementary chemical composition is, however, entirely different, and, of the three, the last was found to be far more efficacious than the others.

Chloroform, as a chemical compound, is not a new discovery, for it has been known and used for certain purposes since the year 1831, when Souberain, and afterwards Liebig, discovered and described it, although its composition was not accurately determined till 1835, when the French chemist, Dumas, published an analysis. It is a curious circumstance, also mentioned by Dr. Simpson, that M. Dumas, who was casually passing through Edinburgh at the time, was present at the first public operation performed on a patient, in the Royal Infirmary, under its influence. At first its discoverers *never imagined* it would be of any practical utility, much

less that it possessed the power of inducing a state of anæsthesia, or would become a general agent for diminishing pain under such various circumstances; but were pursuing an investigation in philosophical chemistry when the new product came under their notice, and, with the exception of its existence among a class of chemical compounds, and being occasionally used internally in very attenuated doses, as a medicine, in spasmodic asthma, &c., its most valuable property was unknown until Dr. Simpson proved it, and gave the results of his experiments to the world in several pamphlets.

The chloroform, in general use, is prepared by the distillation of alcohol with chloride of lime, according to the following formula, which is extracted from Dr. Simpson's pamphlet, and is that recommended by Dumas:—

℞ Chloride of lime in powder, lb. iv;  
Water, lb. xii;  
Rectified spirit, f $\frac{3}{4}$ xii.

Mix in a capacious retort or still, and distil as long as a dense liquid, which sinks in the water with which it comes over, is produced.

The resulting Perchloride of Formyle consists of one atom of Carbon, one of Hydrogen, and three of Chlorine. Its specific gravity is much greater than that of water, being as high as 1.480. The last I used had a specific gravity of 1.497.

The odour of chloroform is fragrant and agreeable, when very pure, and something of the naphtha smell when less so. It is a dense, colourless liquid, evaporating quickly, and has a sweetish taste.

In order to test the purity of chloroform, Souberain, its first discoverer, proposes a mixture of equal parts of strong sulphuric acid and water; and, when cool, a few drops of chloroform, poured into the fluid, ought to sink to the bottom, if sufficiently pure for medical use; but if they float on the surface, the chloroform should be rejected.



The exhibition of chloroform in natural or preternatural labour, has, like all other novelties, had its advocates and opponents. By the former, its brilliant results have been published far and wide, and its difficulties and dangers overruled; by the latter, its dangers have been magnified, and its benefits decried as opposed to the designs of the all-wise Creator. Nevertheless, its progress has been rapid; for in these days of general enlightenment, no newly-discovered truth in medicine or science, no improvement in arts or manufacture, can escape the discussion and appropriation of the community at large; and whatever class or professional prejudices obstruct the propagation of the truth it matters little, for the public will analyse, test, and adopt any theory or practice which offers a probable immunity from suffering or disease. That chloroform, though so powerful an agent, may be given with an amount of safety almost incredible, has been proved beyond doubt, by the vast number of cases in which it has been used, and the few accidents which have resulted. So great are the advantages it possesses over ether, that now we scarcely ever hear of the latter; it had a brief though brilliant reign, but seems to be quite superseded.

The superiority of chloroform consists in its not irritating the air passages so much,—a smaller quantity being necessary, and, consequently, its greater portability,—its more speedy effect, and, when the soporose state is induced, its longer continuance,—avoidance, for the most part, of the stage of excitement which was so frequent an accompaniment of the ether inhalation,—the facility with which it is applied, and the more rapid evaporation and removal of the stupefying or secondary effects.

But as it would be unfair to speak only of its favorable qualities, we will state the evils which are said to be associated with, or result from, its use.

*These, however, are more in posse than in esse, for, not-*

withstanding the thousands of persons to whom this agent has been administered *during labour*, scarcely one case of fatality, or even serious consequences, has been reported.

In truth, so few have been the accidents attending its use, that one of the objections urged against it is, that we possess scarcely any data which may serve as a guide to the limit of its application.

Independently of the occasional occurrence of vomiting, of excitement, and of powerful action of the muscular system, there is only one evil of any serious import which deserves attention, and that is, such a depression of the heart's action as shall indicate danger to life.

The first may be prevented by not administering the chloroform soon after a meal; the second, which depends upon the induction of a condition short of anæsthesia, or the complete abolition of sensation, may be overcome by increasing the dose, or applying the inhaler more closely to the mouth and nostrils; the third is of the same nature as the last, and admits of the same remedy.

With respect to the more serious evil, it would seem to result from peculiarity of temperament, or some organic defect in the heart. Now it is not supposed that any practitioner would indiscriminately make use of so powerful an agent, in order to relieve pain, without previously examining his patient with due caution; and if he found any circumstance to contra-indicate its use, he would, of course, hesitate to incur so great a risk.

The morbid conditions which are most opposed to the employment of chloroform are:—organic disease of the heart, whether of hypertrophy or dilatation; or a weak state of the organ. These are more or less frequently attended by fits of syncope.

A congested state of the brain, or tendency to convulsions, would likewise be strong objections to its use.

Some have, indeed, declared that the infant is not free

from its ill-effects ; but as syncope of the mother from loss of blood has so little influence upon the child, there can be no grounds for supposing that the anæsthesia induced by chloroform can at all affect it.

On the other hand, it cannot be doubted that whatever diminishes the duration of labour diminishes, in some degree, the danger, as well as the liabilities to disease in the puerperal state ; and in abating the intensity of the throes of labour, especially of the last agony, it tends to the same good results.

The advantages of chloroform in labour are thus enumerated :—

1. It unquestionably diminishes the duration of labour.

This would seem to be effected by its relaxing the parts, and checking the irregular and spasmodic pains which are apt to retard the proper parturient efforts.

2. It diminishes the shock of parturition upon the nervous system, and thereby removes one source of danger in the puerperal state.

3. It affords rest after the labour is concluded, by which the patient appears quite refreshed, and almost unaffected by the powerful efforts which have been made.

4. The cry of anguish and distress, which has been described as evincing an extremity of suffering almost beyond endurance, is saved to the patient as well as to those about her.

It has been urged, that in the application of medicinal agents with the object of preventing the pangs of labour by abolishing sensibility, we are acting in direct contravention of the primæval curse passed upon our first mother, "*In sorrow shalt thou bring forth ;*" that it is therefore opposed to our duty as Christians and believers in the truth of Scripture to do anything that shall directly or indirectly render void the express declaration of the Almighty, and so *make the word of God of no effect.*

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If such could be made clear, we would at once renounce the use of such a panacea, however apparently advantageous its application might be ; but, to our mind, there is nothing in holy writ, either expressly declared or dimly hinted, which prohibits man from making use of such faculties as He has planted in him, for the purpose of assuaging pain or mitigating sorrow ; on the contrary, although we are told that "*the wages of sin is death*," that disease is a punishment for sin, yet our Lord and his apostles went about healing the sick, and no one ever argued that to heal diseases by the use of remedies was an impious interference with the decrees of Providence ; and yet every kind of care and attention paid to a woman, every application of the medical art before, during, and after labour, is made with a view to abridge, allay, or diminish the pangs of travail, therefore every effort to cure disease must equally be regarded as an attempt to set aside the decrees of Heaven. This is my humble but sincere opinion upon a subject which has brought into active play the faculties of some of the wisest and best of men, who believe that nothing in God's word is opposed to man's duty ; and that He who has made all things to work together for good, has everywhere planted the bane side by side with the antidote.

The statistical returns of operations performed under the use of anæsthetic agents prove that the danger is considerably lessened, and it is tolerably certain, as Dr. Simpson believes, that they will be found to diminish and remove also, in some degree, the perils as well as the pains of labour.

Out of 73 cases of severe operations, performed at eight of the London hospitals upon patients in a state of anæsthesia, 14 were fatal, which gives a mortality of 19 per cent.

According to a collection of cases made by Mr. B. Curling of operations of a similar nature, *without* chloroform or ether, out of 134 there were 55 fatal cases, giving a mortality of 41 per cent.

Another table, obtained by the same gentleman, of 186 cases operated on without the anæsthetic agent, gives 69 deaths, or 37 per cent.

While Dr. Simpson's return of 324 cases of similar operations has 72 deaths, or only 22 per cent.

These statements afford pretty satisfactory testimony of the value of anæsthetic agents, and at the same time explain the importance of publishing any accidents or misadventures, if such there be, in the use of chloroform during parturition.

The following are, according to Dr. Simpson, the conditions necessary to produce the complete anæsthetic and soporific effects of chloroform :—

1. The chloroform vapour must always be exhibited as rapidly and in as full strength as possible, if you desire to have its first or exhilarating stage practically done away with and excluded ; and this is effected by giving the vapour so powerfully and speedily as to apathise the patient at once.

2. In order that the patient may be thus brought as speedily as possible under its full influence, the vapour should be allowed to pass into the air tubes by both the mouth and nostrils ; and hence all compression of the nostrils, &c., is to be avoided.

3. The vapour of chloroform is about four times heavier than atmospheric air ; and hence, if the patient is placed on the back during its exhibition, it will, by its mere gravitation, force itself in larger quantities into the air passages than if erect or seated.

4. The best means of exhibiting chloroform with these indications, is the simple handkerchief, gathered into a cup-like shape in the hand.

5. Mental excitement of all kinds, from whispering and talking around the patient, is to be avoided as much as possible.



6. The quantity required is generally about a drachm ; but the better way is to wet freely the bottom of the cup formed by the handkerchief, and if the patient be not affected in a minute or so, a little more may be added.

7. It evaporates rapidly ; and you must not, therefore, delay applying the handkerchief instantly to the mouth and nostrils.

8. When the patient is just becoming insensible, she will not unfrequently withdraw her face, or forcibly push aside the handkerchief. If you then fail to reapply it to the face and keep it there, you will be liable to produce mere excitement.

The simplest test of its full and perfect effect is some noise or stertor in the respiration.

In order to be prepared against any unforeseen danger, it is right to include here the means to be employed in case the chloroform should have too powerful an effect.

If fainting, or such a reduced action of the heart should occur, the most efficient means of relief are :—*to remove the handkerchief instantly,—to blow upon the face of the patient,—admit fresh air,—sprinkle cold water,—and excite artificial respiration*, by alternate compression and expansion of the chest, but in no wise to administer stimulants or any liquid by the mouth.

Strong ammonia or smelling salts, may, however, be held to the nose.

PART V.

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## MANAGEMENT AND DISEASES OF INFANCY AND EARLY CHILDHOOD.

## MANAGEMENT OF THE INFANT.

THE ordinary plan of washing and dressing the child may be resorted to, with the exception of using spirits to rub over the head, which should be dispensed with. Castor-oil, butter and sugar, and all evacuants, should be forbidden, as detrimental to the infant, inasmuch as they begin life by nauseating the stomach with offensive articles, sufficient to induce dyspepsia, and are quite contrary to the indications of nature. If the wheel of organic life is set wrong at the first turn, how is it likely to execute its after-revolutions with regularity or effect? It is tempting nature to disorder! Moreover, by administering aperients to a new-born infant, the nutritious albumen which has been found to exist in the upper part of the intestinal tube, and which forms the pabulum from which its system is nourished during the first few hours of existence, is carried down and expelled along with the meconium, or excrement, contained in the lower and excretory portion, by which means the child is deprived of a certain amount of nutriment, and a necessity for an artificial stimulus awakened. In the place of such meddling methods, let the child be supplied with a little warm milk and water, until the mother can afford the natural supply. Should the offspring be doomed to be brought up by hand, the same nourishment may be continued. Pure cow's milk, diluted with just so much warm water as is suf-

ficient to make it of a natural temperature, to which a little fresh cream may be added, is the best and nearest approach to the mother's breast-milk, except asses-milk, which may be preferred, if it can be easily obtained. The first milk of the mother generally acts upon the bowels of the child, in consequence of its containing something more than the ordinary constituents of the milk, and which microscopic chemists have described as peculiar granulated corpuscles. These may be detected, sometimes as late as the twentieth day, in addition to the milk or fat globules. This first milk is called colostrum, and the accidental corpuscles probably consist of an elementary portion of the bile. If so, it would prove a curious and hitherto unobserved fact, that the absence of bile in the infant's system is supplied by this first secretion of milk or colostrum; and that, in addition to its operating upon the intestinal canal, as a cleanser, it acts homœopathically upon the liver of the infant, and excites the biliary function, by the presence of a minute portion of bile, just as *Calcareæ* is found to influence the secretion of bony constituents, in cases of rickets or difficult dentition, where there exists a deficiency of the earthy elements of bone. When the infant's liver is aroused to its proper function by the colostrum, or the mother's first milk, it frequently pours out an abundance of bile, which becomes more or less absorbed into the system, and produces a yellow tinge on the skin, called infantile jaundice, or else redgum, which may be considered infantile urticaria: sometimes the colour of the skin is dark or mahogany-coloured, probably from absorption of meconium as well.

Both these states are sometimes attended with drowsiness.

It is in the absence of the mother's milk, then, that an imperfect clearance of the bowel is likely to happen; in which case the usual change in the colour of the child's evacuations does not take place, and darkish or greenish motions continue to pass. A globule of *Mercurius*, ʒss, ss

*Borax*, 30, followed, if necessary, by a globule of *Sulphur*, 30, will generally correct the evil ; or, if the meconium is not passed at the proper time, from a want of action in the bowels, *Nux vomica*, 30, one globule, may be given.

The child should, in the first instance, be washed in warm water ; but, after the month, the water ought to be tepid in winter, and cold in summer ; and, when the period of dentition is passed over, a cold bath should always be used, unless any peculiar delicacy exists in the child, which renders it advisable to omit it.

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### ANTIPSORIC PROPHYLACTIC TREATMENT.

Dr. Gastier, of Paris, has entered largely into the subject of the prophylactic treatment of children, with the view of preventing the development of the hereditary dyscrasia, which comes under the denomination of Psora. He has also declared that the vaccine virus does not usually take effect in those subjects whose constitutions have been acted upon by this treatment, and that they are, *à fortiori*, unsusceptible of the smallpox. This may be open to dispute ; but experience alone can decide the question. If observation should confirm it, it will evidence a renovating and conservative power in the homœopathic remedies which Hahnemann himself could scarcely have dreamt of.

The plan recommended by those who have paid particular attention to the subject, is to administer to the infant, soon after birth, two globules of a high dynamisation of *Sulphur*, 200th, by placing them on the tongue,—and to repeat this same dose at the end of four or five weeks, if no morbid symptoms demand any other medicine. After this, at about the third month, a similar dose of *Calcarea* is to be given, which has the advantage of facilitating, in a surprising manner, the development of the teeth. Under this treat-



ment, the infant expands and thrives with a physical and moral energy which indicates health ; while the root of much bitterness has been destroyed by the prophylactic treatment above named.

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### DISEASES OF INFANCY AND CHILDHOOD.

**ASPHYXIA.** The child is sometimes found asphyxiated at birth, either from pressure of the umbilical cord during its passage through the outlet, or from pressure of the head, in consequence of diminished diameter of the pelvis, and after a hard labour. If the appearances partake more of the apoplectic character, the remedy is,—

*Aconitum*, 18.—One globule may be placed upon the tongue, if, in a quarter of an hour, there is no improvement.

*Tartarus emeticus*, 12, should be given in the same manner.

*Opium*, 12, should be administered if the infant is violet-coloured.

If the symptoms are of the nature of syncope, which happens when the mother has suffered considerable loss of blood, or other serious illness during pregnancy, *China*, 12, will be useful. The umbilical cord should be preserved intact, as long as possible ; but, if divided, a few drops of blood may be allowed to escape from the foetal extremity, before it is finally tied, when the state of the infant is that of congestion. The warm bath may be used, the trachea-pipe introduced, and artificial respiration performed, if the child is pale and the feeblest pulsation of the heart is felt.

**ECCHYMOSES, or BLOOD-SPOTS on the Surface of the Scalp.** These exudations are the effect of pressure, and are soon removed by absorption ; but, as they are not agreeable objects to the mother, a lotion of *Arnica* may be used to expedite their removal.

**DEFORMITIES or MONSTROSITIES.**—In all cases of de-



formity, it is advisable to administer, as soon as convenient after birth, a few doses of *Sulphur*, 30, and *Calcarea*, 30, alternated at intervals of two or three weeks. Many deformities may be corrected by these means; for, inasmuch as the abnormal deviations are dependent upon a misdirection of the vital force in the formation of the organs of tissues, the remedy which is known to exert its peculiar action upon the parts affected, will, by restoring the normal action (of the vital force?) in those tissues, cut off, or obtain a resolution of, the deformities.

If the deviation has occurred in the osseous tissues, after the above-named medicines, *Silicea* should be given, at a high attenuation, and at distant intervals.

**MATERNAL MARKS.**—The marks or spots which appear at the periphery of the body of the new-born infant are the result of a failure in the organic tissues of the skin, and usually of an excessive development of the capillaries or minute terminal vessels.

The same medicines which have been recommended in the preceding article will be found equally useful in this, and the earlier they are given the more successful will they prove.

*Calcarea carb.* is the most beneficial medicine of the class, and is the one to be preferred, if no particular indications are present. It may, however, generally be preceded by *Sulphur*.

**CYANOSIS.**—When the septum which divides the two sides of the heart at the auricular part is not perfectly closed, as it should be, by the obliteration of the foramen ovale, the continued mixture of the black and red blood causes the circulation of an imperfectly-oxygenised fluid. This circumstance produces a blueness of the surface, which gives rise to the term “blue disease.” It generally destroys life at an early period; but sometimes the adult age may be reached, with some distress and impaired health. Here also *Sulphur*

and *Calcarea* are the remedies, which should be administered as soon after birth as possible. Afterwards *Digitalis* highly dynamised may be given, alternated with *Calcarea* at two or three months' interval.

**HERNIÆ.**—Rupture may occur at, or soon after, birth, when it is found to be either *umbilical* or *inguinal*. It may be cured in a few weeks by *Sulphur*, 30. If, after fifteen days, the swelling still shows itself, *Nux vomica*, 30, is to be given night and morning, and *Bellad.* every three hours. When the rupture is connected with diarrhœa, *Chamomilla* will be found very successful, even in causing a permanent reduction of the hernia. In the same manner, any remedy directed against the accidental or accompanying symptoms, will often be attended by a successful result.

**INDURATION OF THE CELLULAR TISSUE.**—This disease, which chiefly occurs in children of the poor who are much exposed, will yield readily to a few doses of *Aconite*, 3, followed by *Bryonia*, 30; and if it is obstinate, to be followed by *Sulphur*, and return again to *Aconite*.

**SWELLING AND HARDNESS OF THE BREASTS.**—The absurd practice that some nurses have of squeezing the breasts of new-born infants is the cause of this painful affection. Nurses often impose upon the mother's feelings by telling them the child (if a female) will not be able to perform its maternal duty in after-life, if the milk is not squeezed out, than which nothing can be more erroneous. In fact, observation has proved, that the swelling and hardness, and, if roughly treated, the subsequent gathering of the breasts of infants, occur rather more frequently in male than female infants. It therefore cannot be too strongly opposed, as the vulgar prejudice often gives rise to abscess, and consequent suffering to the little patient.

*Arnica*, 12, will disperse it, if no redness has yet appeared.

*Chamomilla* or *Bryonia*, if the surface is already inflamed.

*Belladonna*, if the redness is of an erysipelatous character.

*Aconite* should precede these medicines, if the inflammation is vivid and hot.

*Hepar s.*, if there is formation of matter ; and the cure should be completed by *Silicea*, 30.

HICCUGH.—This is to be remedied by a globule of *Belladonna*, 30, or *Nux vom.*, 30, placed upon the tongue, if the ordinary domestic applications fail to relieve.

CORYZA, OR COLD IN THE HEAD.—If the infant's nose is stopped up so as to hinder breathing while at the breast, it should be anointed with cold cream or some other simple unguent, and a globule of *Nux vomica*, 30, given. Should relief not be obtained in twenty-four hours, *Sambucus*, 30, may be administered. If the nose should run, *Chamomilla* is to be given. When the coryza is aggravated of an evening, *Carbo veget.* is advisable ; and if it return every time the child is exposed to the air, *Dulcamara*.

OPHTHALMIA OF NEW-BORN INFANTS.—This affection of the eyes is sometimes very troublesome and obstinate, and has proceeded to loss of vision, owing to the opacity of the cornea, which has resulted from the continuance of the inflammation. Ulceration of the centre of the cornea has even taken place, and the contents of the globe escaped, which has of course been followed by a shrinking of the eyeball, and permanent blindness and deformity. It is, therefore, of the deepest importance, to arrest speedily this complaint, and thereby avert remote evils of such magnitude. A slight weakness of the eye, with agglutination of the lids and intolerance of light, are first perceived about the second day after birth, the usual application for which is warm water ; but if the disease increase, the weeping of the eye becomes puriform, and the conjunctival membrane lining the eyelids, as well as that covering the globe, is red and inflamed.

*Aconitum*, 30, should be given immediately, and repeated every three hours or 3 times a day.

*Dulcamara*, 12, may be made to follow *Aconite*.

*Belladonna* should be given if the eyes look bloodshot or bleed, and the intolerance of light is great.

*Chamomilla*, if the eyelids swell and are closed of a morning.

*Euphrasia*, when there is much weeping of the eyes, and they are gummed up, with intolerance of light.

*Rhus tox.*, when the lids are chiefly affected, and the child is scrofulous.

*Sulph. tinct.*, if the disease has made considerable progress, and proves obstinate, especially if there is a scrofulous disposition in the family. This should be followed by *Calcarea*, 30; or, *Arsenicum*, 30.

*Zincum met.*, 30.

CONSTIPATION.—If the bowels are rather tardy, but the evacuations of a natural colour, it is better not to be too solicitous about them. Nature will generally restore them to their proper course, if not interfered with. It sometimes depends upon the diet of the nurse being too stimulating. If that is the case, the course to be pursued is clear. But if not, the infant may have a globule of *Bryonia*, 30, or *Nuxvomica*, 30. If these medicines do not answer the purpose, *Opium*, 12, may be given. Should the constipation soon return, a dose of *Sulphur*, 30, will be proper.

*Alumina* is likewise very serviceable in some obstinate cases.

DIARRHŒA. The diarrhœa of infants sometimes depends upon the milk of the nurse, or her diet. If the mind of the mother is agitated by emotions or anxieties, the milk is thin and gripes the child, giving rise to relaxed motions.

*Chamomilla*, 12, may be given if the motions are watery, greenish, or resemble chopped egg, being worse at night; also if the child cries a good deal, and is flatulent.

*Rheum*, if attended by acidity, cries, colics, and straining; the evacuations being sour and frothy or slimy.

*Ipecac.*, 6, is very generally useful in this disorder, especially if the evacuations are watery, greenish or slimy.

*Dulcamara*, 30, if the diarrhoea returns at every exposure to the cold air.

*Bryonia* when it is produced by the heats of summer, and is attended by much thirst.

*Belladonna* when the child is unquiet, but sleeps a good deal, the motions are greenish, and there is paleness of face.

*Antimonium*, if the tongue is coated white, or yellow and the evacuations are frequent, and watery or pupescent.

*Arsenicum*, 30, may be given if the infant should be very pale and feeble, the motions hot, irritating, and watery.

**SLEEPLESSNESS.** This will often be the consequence of moral affections or errors of diet on the part of the nurse. If she drink coffee habitually, or green tea, it will frequently affect the infant. This must be corrected; and if the wakefulness does not depend on the coffee-drinking of the nurse, then a globule of *Coffea*, 12, may be given.

*Chamomilla* should be given if the child suffers at the same time from flatulence and stomachache.

*Opium*, 12, if the face is red and turgid.

*Belladonna*, if the child cannot sleep, though drowsy, and starts up with cries, &c.

**CRIES OF INFANTS.** When a child is in health it seldom cries, and a happy state of smiling innocency betokens the calm of the body; therefore, the cause should be sought for diligently, which will generally be found in the state of the bowels. These will either be troubled with flatulence, or the fæcal contents are of an irritating or griping character; this will be evinced by the child drawing up its knees forcibly to the belly every time it cries, and a tumid state of the abdomen, or there may be pain in the ears, or the head.

*Aconitum*, 30, should be given, if the face is red and the



body burning hot, which may be repeated after six hours, if the state persists.

*Coffea*, if the cries are violent, and attended with agitation, which nothing will calm, or else *Chamomilla*.

RETENTION OF URINE. Infants are sometimes reported by the nurse to have passed no water for, perhaps, twenty-four hours. If no mechanical or corporeal impediment is found to exist, the child should be allowed to smell *Tincture of Camphor*.

*Aconitum* may be given afterwards in the course of an hour or two, as follows :—

*Aconitum*, 30.

Dissolve three globules in six teaspoonfuls of water, and give one every two or three hours.

If that does not prove successful, give *Pulsatilla* or *Nuxvomica* in the same way. The latter if constipation exists.

PROFUSE URINATION. When there is a copious emission of pale, colourless urine, causing the child to be fretful and look pale, *Phosphoric acid* or *Silicea* are the most suitable.

INTERTRIGO, OF CHAFINGS.—This troublesome affection, which consists in a soreness or excoriation of the nates, the groins, the back of the ears, the arm-pits, or folds of the neck, may generally be prevented by great attention to cleanliness. It depends upon the excretions either from the bowels, the bladder, or the skin, remaining too long in contact with the parts, and setting up irritation, which sometimes proceed to ulceration. The removal of this cause is, therefore, the first essential part of the treatment. The part should be kept well washed with tepid or cold water, without soap, and then powdered with unscented hair-or fine starch-powder.

It is sometimes dependant upon acid secretions in the *primæ viæ* (or bowels), which render the excretions unusually

irritating, and the excoriated parts not unfrequently discharge matter copiously.

The child should not be kept so hot as to make it perspire too freely, and it should be frequently changed.

*Sulphur*, 30, may be administered first. Two globules, dissolved in a table-spoonful of water, a teaspoonful to be given every night.

*Chamomilla*, 12, should then be given in the same manner if the child is irritable, and passionate, or cries much.

*Graphites*, 30, or *Lycopodium*, may be selected after this, if the chafings are not healed.

*Calcarea*, 30, is suitable after the former, if required, especially if the ears are bad ; but a proper interval must be allowed between the remedies.

**APHTHÆ, OR THRUSH.** This often attacks the infant in the second week, and is characterised by the mouth and tongue being covered with minute white blisters, which are rubbed off by the action of sucking. A succession of these vesicles is constantly taking place so long as the disease lasts, which is sometimes five or six weeks.

It is often predicated by a red granular appearance of the tip of the tongue a few days after birth, which is caused by enlargement of the papillæ.

The thrush often runs in families, and is a disease of debility ; but is generally caused by irritating secretions in the alimentary canal, from bad digestion or improper food.

When it once occurs in the mouth, it more generally traverses the whole length of the alimentary canal, and appears at the anus, with redness and excoriation ; but this is not necessary to take place before it is cured, as is frequently supposed. Neither is it important that the child should have it at birth, from the idea if it does not, it must at its death, which, differently interpreted, means that it will die from it at some time or other.' This is a vulgar notion, which nurses indulge in.

The infant should not be smothered up too much in the mother's bed, but be allowed to get as much pure air as is suitable for its tender age ; and, if it is fed, care must be taken to avoid food of too great consistence.

*Treatment.*—*Sulph. ac.*, 3 ; two globules put in a wine-glassful of water, a teaspoonful to be given every three or four hours, or a globule may be placed upon the tongue.

*Muriat. ac.*, 12, is likewise an excellent remedy.

*Mercurius vivus*, 12, is also specific in this disease, and can be given in the same manner, especially when there is much saliva in the mouth.

*Sulphur*, 30, two globules should be administered in the same way, if the disease has not disappeared in five or six days.

*Borax*, 30, has sometimes succeeded, when the above-mentioned remedies have failed.

*Bryonia*, *Nux vomica*, *Chamomilla*, and *Arsenicum* are occasionally required.

**JAUNDICE.** The infant often turns yellow a few days after birth, which, if it had been previously very red, is simply the transition stage before the skin acquires its natural whiteness. When this yellow tinge is unaccompanied by any other symptom of derangement, as sickness, &c., there is no need of interference ; but if the evacuations are white, and the urine stains deeply, and there be drowsiness, sickness, a tumid state of the abdomen, and the child appears ill, a globule of *Chamomilla*, 12, should be given. This may be followed in twelve hours by *Mercurius sol.*, 12.

*Aconitum*, 30, is most suitable if feverish symptoms attend. Three globules to be dissolved in a wine-glassful of water, one teaspoonful to be given every three or six hours, until cured.

**SPASMS OF INFANTS.** Sometimes infants are seized with a difficulty of respiration, or apparent suffocation, which is

**374      DISEASES OF INFANCY AND CHILDHOOD.**

attended with paleness of the face, intermittent pulse, and general distress. Administer—

*Ipecac.*, 6.

A globule placed upon the tongue, and repeated in half an hour, if not relieved.

When this does not succeed, *Sambucus niger*, 30, may be given in the same way.

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